

**SEEING GREEN: GENDERED RELATIONSHIP EXPECTATIONS AND SEXUAL
RISK AMONG ECONOMICALLY UNDERSERVED ADOLESCENTS IN BRADDOCK,
PENNSYLVANIA**

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Kimberly J. Rak, PhD

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This dissertation examines adolescent sexual health disparities from the perspective of economically underserved youth considered “at risk” living in the Mon Valley of southwestern Pennsylvania. Adolescent discussions of relationship and sexual risk highlight social relations and contexts in contrast to discrete behaviors and outcomes. While adolescents are aware of the possibility for contracting a sexually transmitted disease or pregnancy from engaging in sex, these risks are negated or mitigated in relation to other risks that threaten self esteem, group belonging, and a moderate sense of security. In addition, variation by age and gender contribute to complex constructions of romantic relationship expectations that inform the context for sexual risk taking beliefs and behaviors. Adolescent risk taking is social, symbolic, and subjective and not solely reducible to individualistic domains of knowledge or adoption of preventative measures. Therefore, this qualitative study examines the ways in which poverty structures the social meanings of risks.

This study is based on 18 months of ethnographic research including in-depth interviews, creative arts-based data collection sessions, participant observation, and on-going dialogue with

community stakeholders. In addition, this qualitative research provided an opportunity to explore, investigate and document gender and age differences: there were two adolescent age cohorts each including male and female participants. Older adolescents detailed the scope and content of romantic relationships and perceptions of sexual risk while younger adolescents detailed relationship dynamics.

The qualitative approach broadens the scope of inquiry from acts (e.g. use of protection) or outcomes (e.g. STDs, teenage pregnancy) to include social and power dynamics influencing gendered expectations in relationships. Additionally, this dissertation explores relationship expectations among younger adolescents who are traditionally absent from research on sexual health. Furthermore, discussions of sexual risk need to be contextualized to incorporate larger social and cultural constructions of what is considered “risk” as well as the potential benefits incurred by risk taking. Policy suggestions would include an explicit recognition of the role of poverty in adolescent sexual health disparities (and health disparities more broadly), and a first step would be to track adolescent sexual health information by socioeconomic status in addition to geographic location and race/ethnicity.

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PREFACE

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0.0 INTRODUCTION

0.1 RESEARCH FOCUS

Sexual activity and reproduction among adolescents is a public health priority both internationally and in the United States (U.S.), motivated by potential negative social and health outcomes such as STDs, teenage pregnancy and parenting (Centers for Disease Control and Prevention 2009; Centers for Disease Control and Prevention 2012b; Conklin 2012; World Health Organization 2011; World Health Organization 2012). Data available on adolescent sexual and reproductive health are generally collected by survey or from vital statistics and are useful for quantifying concerns, establishing priorities, and tracking changes over time (Centers for Disease Control and Prevention 2012b; Conklin 2012; United Nations 2012). Adolescent sexual risk is not distributed equally across countries or populations; and in the U.S., adolescent sexual health disparities have been identified by race/ethnicity, gender, geographic location, sexual orientation, and socioeconomic status (Centers for Disease Control and Prevention 2009; Conklin 2012; Hunter 2012; The National Campaign to Prevent Teen and Unplanned Pregnancy 2013). The majority of data collected and available on sexual health disparities report by race/ethnicity; however, a growing body of research identifies the importance of poverty in structuring adolescent sexual health disparities (Hunter 2012; Kearney and Levine 2011; Mollborn 2011; Rosenbaum, et al. 2012; The National Campaign to Prevent Teen and Unplanned Pregnancy 2013).

For this dissertation I investigate adolescent sexual health disparities from the perspective of youth considered as “at-risk” because they live in economically underserved families and communities. The guiding research question is “how do marginalized youth conceive sexual and relationship risk?”; in other words what is risk. A secondary set of research questions included, “what is the social construction of relationship expectations and sexual activity, and how are these patterned by gender?” and “how do conceptualizations about these issues manifest differently across the age ranges that encompass adolescence?” Investigation of the primary question was an attempt to address why some groups/bodies find themselves at increased “risk.” The secondary set of questions reflects the idea that risk is not static and homogeneous, but rather is shifting and depends on subjective positionality. This project augments existing research on youth sexual health and relationships in three areas: 1) extending research to include young adolescents ages 10-13, 2) investigating potential developmental and gender differences, and 3) contextualizing existing research with qualitative meaning-centered data to explore personal interpretations of “risk” that contribute to health disparities in marginalized communities.

From the findings of this research I argue that adolescents express overlapping views of how relationship roles and expectations are different for boys and girls with unique characteristics by age group. Similarly, the meanings and motivations for engaging in sex are gendered. A lack of material resources, job opportunities, and neighborhood disorganization result in the heightened importance of money, “protection,” and “providing” in romantic relationships which in turn reinforces unequal power between genders. For some males, economic marginalization has reduced alternative avenues for constructing a masculine identity and therefore, greater emphasis is given to developing and maintaining a hyper masculinity,

whereas for females, there is greater investment in the relationship itself and the idealized expectations for love and to be taken care of. The result is a more nuanced construction of “risk” that for males threatens or upholds masculinity and male group belonging, and for females threatens affective, social, and/or economic security (evaluated relatively).

The beginning of the dissertation title, “seeing green” was initially added in reference to the control in relationships as discussed by participants. Based in distrust and a fear of cheating, associations and activities are highly monitored. As research progressed it became clear that seeing green not only represented jealousy but also the economic aspect of gendered expectations in relationships and sexual risk.

0.2 COMMUNITY ENGAGEMENT AND IDENTIFICATION OF PROBLEM

The research described in this dissertation was an extension of an arts-based project (Visual Voices) with youth attending an after-school program in a subsidized housing community near Pittsburgh, Pa. The housing community is literally and figuratively isolated from the surrounding area: the row houses are secluded at the top of a hill with only one road in and out. Within the community, there exists distrust of local medical services, police, and politicians along with outside service providers attempting to work at the site. Police have been known to use reverse racial profiling to question motives for entering the community.

The initial Visual Voices project focused on children’s perceptions of safe/not safe and healthy/not healthy (Yonas, et al. 2009). Over the multiple sessions, relationships were developed with the youth, the after-school program staff, adults in the community, and local service providers. When the initial scope of activities was nearing conclusion, I talked with the

after-school program director (who also resided in the community), the resident council president, and others in the community to learn their priorities for future collaboration.

The separate responses all converged on a common theme: sexual attitudes and activities of youth. The program director talked about the inappropriate (sexual) things that children were saying at increasingly younger ages. Upon overhearing this, the other program staff in the vicinity expressed agreement. The resident council president noted that teen pregnancy and parenting were recent concerns for one specific family. She explained that a 15 year old boy had just become a father, and his mother was looking for help in addressing the new intergeneration responsibilities. Additionally, an adult who is very active in the housing community described her concerns with the activities in which young people were engaged out of sight of adults. There were stories of youth engaging in sexual behavior in unmonitored spaces.

A team was formed to develop next steps that consisted of the resident council president as community partner, myself as principal investigator, and professors from Anthropology, Family Medicine, and Public Health as advisors. It was determined that three activities were paramount for moving forward:

- 1) Recognize that the concerns of adults do not necessarily map onto the concerns of the youth. Therefore, the work needed to begin with the adolescents to solicit their understandings and the contexts that make up the “sexual” in their lives.
- 2) Form a community research advisory board to inform the research process.
- 3) Include younger as well as older adolescents, to address what was believed by the community to be happening at “younger and younger” ages and how the conceptualizations of younger adolescents might differ from older adolescents.

Over the course of project the research design needed to be adjusted in response to local conditions. Most importantly the designated geographic region for inclusion was expanded. This was necessitated by the housing community's receipt of stimulus money for renovations which in order to complete, residents were offered and most accepted Section 8 housing. This dissertation research was initiated with a set of familiar families, branched out in unexpected ways, and continually returned to these same families throughout the duration of the project. Some of the families originally living in the housing development have returned to the renovated site and others have not, although they have stayed in the area.

As of this writing the subsidized housing community is almost back to capacity with 142 children ages zero to 18, 57 of whom are teenagers. During the warmer months of 2012, the police visited the community almost daily. As the new Resident Council President has said, there is nothing for the youth to do while they are in the community except play sports, fight [...and have sex].

0.3 OUTLINE OF THE DISSERTATION

The rest of this dissertation is divided into six chapters, the first of which begins with a description of political and popular discourses of adolescent sexuality in the U.S. These discourses frame the construction of two dominate conceptualizations: the need to forestall adolescent sex and the need to protect adolescents from risk. This is followed by current indicators for U.S. adolescents for sexual health knowledge and practice. These indicators are compared internationally as well as by demographic category within the U.S. Next is a discussion of the limited information about younger adolescents ages (10-14 years) and sexuality, and an argument is made for the need to include them in research in general. The last

section of Chapter One details the contributions this research makes to existing literature on adolescent sexual health disparities.

Chapter Two is a review of the literature. This chapter begins with an examination of the position of childhood studies within the discipline of anthropology and relevant anthropological studies of children and adolescents. Following this is an overview of dominant psychological and biological developmental paradigms and assumptions, positive sexual development, and risk-taking. Then the developmental stage of adolescence is internally differentiated by considerations such as age, gender, and social influences. How gender, age, and social systems mediate and moderate neighborhood context and effects on adolescent health/risk is discussed in the next section. From there, the relationship between art and development, art and research, and art and health is described. Finally, multiple theoretical perspectives and conceptual models are explored in relation to how they all contribute to an understanding of adolescents' perspectives of gendered relationship expectations and sexual health. The chapter concludes with a conceptual model synthesized from the literature on adolescent sexual health. This conceptual model was used to guide the research presented in this dissertation.

Chapters Three and Four describe the location where research was conducted and delineate the research design, respectively. Chapter Three presents the history of Braddock, Pennsylvania, and reflects the regional rise and fall linked to the United States Steel Corporation. The resulting economic downturn and current efforts for revitalization are discussed. Chapter Four describes community participation in the research design, recruitment, participant demographics, the multiple methods used, data analysis, and ethical considerations.

Chapter Five describes the results of the research and is organized by themes that were generated by the conceptual model and that arose during the research process. The broad theme

of “relationships” is a composite of findings from both younger and older adolescents and includes sub themes of types of relationships, ideas of good and bad relationships, and messages and communication about relationships. Next, older adolescents describe the trajectory to becoming sexually active including what is considered sex, how parents and peers influence the decision, media portrayals and internet communication about sex, and participant views of messages that would prove beneficial for adolescents to hear in regards to sex. The subsequent section reports adolescents’ sexual health concerns and focuses on sexually transmitted diseases, HIV/AIDS, and pregnancy. Adolescents’ hopes and dreams for the future are described followed by the three emergent themes of gendered scripts, same-sex relationships, and the economics of relationships. Throughout the chapter, the different ways themes were represented by age and gender are noted and summarized in tables. This chapter concludes with a description of how research findings were disseminated to community members and local service providers.

In Chapter Six the results are considered in relation to the reviewed literature and the conceptual model. Here I argue that the domains presented in the conceptual model interact in complex ways and are structured, constrained, and maintained by power and economic inequalities. The focus on economically marginalized youth in this research allowed for an investigation of power and economics in relation to age and gender and resulted in an understanding of how these subjectivities manifest as differences in relationship expectations and perceptions of sexual risk. The concluding section, Chapter Seven, discusses the literature on the social determinants of health and how this provides insights for future practice and research. Implications for practice and research are noted as well as research limitations.

1.0 CHAPTER 1: ADOLESCENT SEXUALITY

The ongoing debate over American sex education policy centers around the fact that the U.S. teen birth, abortion, and sexually transmitted disease (STD) rates rank among the highest in the developed world (Boryczka 2009):185).

Adolescent sexuality is highly controversial in the United States (U.S.) and concerns come from many groups including parents, religious leaders, teachers, social services agencies, politicians, and medical professionals. The discourses created within these varied groups are crosscut with the themes of responsibility, innocence, morality, biology, and risk. However, what these dialogues convey are issues of stratified sexuality and reproduction (Ginsburg and Rapp 1995) with relations of power structuring who, how, when, and why of reproduction and sex. Some groups are privileged while others are deemed unfit. The dissertation research presented here is specific to the cultural, political, economic, and social conditions in the U.S. between 2008 through 2012, within which adolescent sexuality and parenting are considered deviant or at the very least problematic (Elliott 2010; Schalet 2010; Ward 1995).

Distinction is made between adolescence as an inappropriate age for sex and reproduction compared to an older age coinciding with heterosexual marriage. Age is the first of many boundaries established to mark off certain groups as the sexual/reproductive other. Other categories used to monitor sexual boundaries are race, sexual orientation, socioeconomic status, education, and relationship status. Corresponding labels typically conjure negative stereotypes

such as “teen mother,” “single parent,” and “welfare mother,” and these labels carry stigmatized assumptions (e.g. the poor black teen mother) (McCormack 2005; Mullings 1995; Ward 1995).

1.1 POLITICAL DISCOURSES

...A mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity...that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects... (Personal Responsibility and Work Opportunity Reconciliation Act 1996:2354).

In 1981 the federal government adopted the Adolescent Family Life Act (AFLA), which ushered in an era of morality-based sexuality education for adolescents focusing on abstinence-only programs (Dailard 2001). Federal support of abstinence-only programs was greatly expanded in 1996 with the passage of welfare reform. Governmental funding and rhetoric continued to promote chastity until marriage irrespective of studies demonstrating the beneficial results of comprehensive sex education. Furthermore, the content and deliver of abstinence only education remained a black box at the local level.

In the political climate of the 1990s, of the local school districts with mandated sex education, 86 percent required abstinence-based programs including both abstinence-only and abstinence plus (Dailard 2001). The result has been a dramatic shift in what teachers present, and even when teachers are allowed to discuss a broader range of sexuality topics, they often refrain, fearing negative social backlash. This silence takes place even though a majority of teachers feel that students need to be educated about birth control and receive this information at or before grade seven. Some of the teachers admitted they were not adequately preparing their students to meet the biological and social challenges of emerging sexuality. Similarly, the majority of parents support the provision of abstinence plus and comprehensive sex education.

Interestingly, 75 percent of parents would like to see information given in school about birth control, STDs, HIV, abortion, and sexual decision making (Dailard 2001; Schalet 2010).

Teachers censor what information they provide based on political mandates and fear of upsetting parents, yet in reality, most parents want these topics discussed. One result of the intersection of policy and practice is that 30 percent of adolescent males (45 percent of male African American teens) have not received any sex education prior to initiating sex (Dailard 2001).

Boryczka (2009) frames the debate over abstinence only versus more comprehensive education as competing claims of ‘responsibility.’ Ongoing political support for abstinence-only programs reflects an ideology of individual responsibility. Comprehensive programs, while still inclusive of personal responsibility dialogue, places greater emphasis on the social context within which sexual attitudes and behaviors are entrenched, “clearly locating the individual within relationships and a broader structural context” (Boryczka 2009):187). There is both societal and individual responsibility in preparing and safeguarding youth from negative sexual health outcomes. Boryczka challenges both approaches as being fixed in dualistic assumptions that prevent constructive political inclusion and that fail to address pervasive gender power inequalities. The boundaries established between individual and social responsibility result in each side of the dyad including only two of the three facets of relations: individual, social, and political. Abstinence-only programs allow for individual responsibility and politics while silencing the social and groups outside the mainstream. Comprehensive programs foreground the social and to some extent the individual; they nevertheless typically exclude political ramifications.

Adolescent sexuality in the U.S is pathologized, resulting in a silencing and stigmatizing of the subject (Elders 2011; Elliott 2010; Schalet 2010). Efforts to encourage healthy teen sexual

development are often viewed as promoting “sex” and harmful. This is in sharp contrast to the Netherlands where a moral shift took place from the 1950s to the 1980s that normalized adolescent sexuality within the context of “self-determination, mutual respect, frank conversation, and the prevention of unintended consequences” (Schalet 2010):19). This cultural shift was accompanied by policy initiatives that facilitated access to birth control by removing the requirements for pelvic exams and parental consent, and the implementation of comprehensive sex education programs (Schalet 2010). The result has been the lowest teen birth rates in the world with correspondingly low rates of abortion. The differences in approaches towards adolescent sexuality between the U.S. and the Netherlands, two similarly developed countries, rest in greater religious adherence and economic insecurity in the U.S. along with differences in culture. Cultural differences include the relative emphasis on parental control with ancillary views of adolescent recklessness/responsibility and the highlighting versus downplay of gender antagonism. Allowing sleepovers with significant others is a way to domesticate, rather than veil, adolescent sexuality. Instead of promoting avoidance of sex as is the case in the U.S., Dutch parents’ trust adolescents will know when they are ready to engage in sex (Schalet 2000).

Unlike their American counterparts, Dutch parents do not envision a battle between bodily drives and rational control. Sexual desire and the personal development which makes it possible to experience sex in a good way are thought to go together (Schalet 2000):85).

Schalet (2000) argues that the different experience of adolescent sexuality in the two countries reflects cultural ideals of personhood and social relations. In the U.S. the emphasis is on conflict: the conflict between parent as authoritarian and adolescent, and the conflicts ‘inherent’ in gender relations¹. Adolescence in the U.S. is viewed as a process of separating self from

¹ From Schalet (2000:78)—“‘oppositional gender strategy’ that Karin Martin (1996) finds firmly entrenched among American teenagers – according to which girls seek love but are unable to experience themselves as sexual subjects while boys are excited about sex but express hostility toward girls and fear of commitment.”

family. Parenting in the Netherlands is less about vertical authority and more about mutual cooperation based on an expectation that adolescents will act responsibly. Instead of the tension of youth pulling away from family, the Dutch experience is adaptation to foster social unity.

1.2 POPULAR DISCOURSES

Efforts in the United States (unlike those in other developed countries) to address adolescent sex have been directed toward preventing teenage sex as opposed to understanding helping teens prevent adverse consequences of sexual activity (Elders 2011).

1.2.1 Parents

Elliot (2010) investigated how parents make sense of adolescent sexuality as they fluctuate between the two dominate paradigms present in the U.S.: sex as inherently dangerous to the well-being of ‘innocent’ children and the belief that adolescent lives are governed by raging hormones. This duality is imbued with race, class, and gender inequalities and assumptions. The author found that parents co-exist between these discourses by describing their children as asexual while wider adolescent culture is described as destructively hypersexual. Parents described their child as young and immature and thus devoid of sexual thoughts, feelings, and behaviors. Sex is believed to be deviant behavior so their child, who is good, would not be involved with such things. Parents would permit/envision a sexual son or daughter when they have achieved financial and residential independence.

The sexualized other comes in two, gendered, forms: the female temptress and the sex-crazed male (Elliot 2010). Sons are warned against sexually aggressive girls with some parents implicitly linking female sexual aggressiveness with “gold diggers” or girls from lower socioeconomic status trying to be climb the social ladder. Daughters are warned against the

predatory nature of men, that they only want them for their “body.” Parents’ fears communicate messages of gender hostility and antagonism, reinforcing opposition between the sexes.

The positioning of a sexual “other,” whether the opposite gender or the peer group, reflects wider relations of power and inequality (Elliot 2010). With adolescent sex categorized as deviant or pathological, the creation of the immoral “other” serves as a scapegoat when referencing one’s own child. Furthermore, “this absolves society of responsibility for the consequences of teen sexual behavior and directs attention away from the cultural ideologies and institutional arrangements that structure parents’ and children’s lives” (Elliot 2010:207-208). Parents vacillate between the social construction of parental responsibility to prepare their children to become independent decision-makers and the belief that a child’s failure reflects parental failure. A nonsexual child is a hallmark of a moral citizen and equated with good parenting; thus the links between parental and political discourses are sewn.

1.2.2 Media

Music is an important part of adolescent culture and is the source for over one-third of the media messages they receive (Primack, et al. 2008). Music has the distinctions of being almost universally available (in both time and space) and containing the greatest number of sexual references. Studies have found that exposure to degrading sexual messages in music increases the likelihood of early sexual initiation. “Degrading” sexual messages include these aspects: “1) one person (usually male) has a seemingly insatiable sexual appetite, 2) the other person (usually female) is objectified, and 3) sexual value is placed solely on physical characteristics” (Primack, et al. 2008):594). The authors undertook a content analysis of 279 songs identified through Billboard Magazines top songs for 2005. An example of song lyrics coded as degrading was

They said my flow was lame, they said I had no game
I told ‘em all I was fixin’ to blow they thought I was insane

But then my name started blowin' up quick, now they jumpin' on my dick
Cause they see me on the rise and know now my paper think (Primack, et al. 2008):596)

They found that over one-third of the songs contained sexual references with the majority (65%) of sexual lyrics degrading. Rap² (64.2%) was the most common musical genre to reference degrading sex; and songs with degrading sexual content were more likely to also include references to substance use, violence, and weapons. Music and musicians are a pervasive source for adolescents' identity creation and emulation, and youth consume over 16 hours of music each week. The potential for exposure to messages promoting degrading sex, drugs, and violence are vast, along with the possibility for internalizing their value.

Adolescents are consumers of media for 7.5 hours each day creating a "super peer" capable of influencing attitudes, behaviors, and beliefs in addition to peers and parents (Collins, et al. 2011; Ward, et al. 2011). Messages involving sex have been found in up to 82% of popular television programs (Ward, et al. 2011). A national survey found that adolescents' sources of information about birth control included parents, schools, and media (Strasburger, et al. 2010). Typically, sexual activity and content depicted in media are risk free; sex is either not associated with any potential negative outcomes or preventive practices are not explicitly discussed or used (Collins, et al. 2011; Strasburger, et al. 2010; Ward, et al. 2011). While findings have been inconsistent, there is evidence to support a relationship between exposure to sex in media and initiating sexual activity and pregnancy (Collins, et al. 2011). However, this relationship varies by gender and race (Collins, et al. 2011). As most media messaging reflects the dominate heterosexual script of male aggression and female passivity, the role models exhibited and internalization of these messages differ by gender. A commonly depicted characteristic of the

² The next most common genre depicting degrading sex was R&B/Hip-Hop (22.4%).

heterosexual script is that sexual activity and masculinity are intimately connected: active, unrelenting pursuit of sex creates and reinforces manhood (Ward, et al. 2011).

A policy statement from the American Academy of Pediatrics (Strasburger, et al. 2010) on sexuality, contraception, and the media notes the disjuncture between politically motivated abstinence programs and sex-saturated media portrayals. The first recommendation, building on studies that demonstrate exposure to information on condoms and birth control do not encourage teenagers to become sexually active but rather increases responsible behavior when they do have sex, is to increase contraceptive advertising. Second, media can be a powerful purveyor of public health messages through such practices as entertainment-education/ edutainment.

1.3 THE STATE OF ADOLESCENT SEXUAL HEALTH IN THE U.S.

The social and political response to adolescent sexuality has been one of forestalling the sexual and reproductive lives of these ‘others’ (Boryczka 2009; Dailard 2001; Schalet 2000), and for the last three decades policy in the U.S. has promoted abstinence-only programs for adolescents (Dailard 2001; Schalet 2010). Abstinence-only efforts have not decreased teen sexual activity with almost half of all high school students having initiated coitus (Elders 2011), and the U.S. continues to have high rates of adolescent STDs and pregnancy (Boryczka 2009; Schalet 2010). While adolescents in the U.S. and Europe are having sex at equivalent rates, European teenagers are more likely to use contraception and choose the most efficacious methods³ (Guttmacher Institute 2012). Teenagers in the U.S. are having unprotected or “risky” sex as evidenced in a

³ A comparison utilizing the 2001-2002 Health Behavior in School-Aged Children which included questions on sexual matters implemented in 24 European Countries found that 85% of sexually active youth were using contraception (Santelli, John, Theo Sandfort, and Mark Orr

2008 Transnational comparisons of adolescent contraceptive use: what can we learn from these comparisons? Archives of pediatrics & adolescent medicine 162(1):92-94.. The most popular methods were the pill and condoms with a sizable number of adolescents opting for the “Double Dutch” or “belt and suspenders” option of using both condoms and pills simultaneously *ibid.*.

comparison of international pregnancy and contraceptive usage rates. The U.S. has the second highest⁴ adolescent pregnancy rate at 83.6 (per 1,000 women aged 15-19) among 33 developed countries (Singh and Darroch 2000). The lowest rates were in Japan, Italy, and the Netherlands at 10.1, 12.0, and 12.2 respectively. A comparison of contraceptive usage among fifteen year olds in 25 countries found similar rates of condom usage (ranging from 66-75%) but lower rates of oral birth control pill usage among American adolescents (11% in the U.S. versus 24% across European countries) (Santelli, et al. 2008).

The reasons for variable pregnancy and contraceptive use within and across countries are multifaceted and include culture, religion, economics, subsistence, politics, and geography (Greenhalgh 1995; Kertzer and Fricke 1997). The timing of status transitions from childhood to adult roles (e.g. age of marriage and parenthood), residence and kinship patterns (e.g. patrilocal and patrilineal), demands on family members in subsistence activities (e.g. child labor in horticulture), moral sanctioning of behavior (e.g. approval of premarital sex), policies promoting gender equity (e.g. education and employment opportunities) and policies supportive of sexual health (e.g. access and affordability of birth control), and location (e.g. urban versus rural, and developed versus developing country) are all factors that impact fertility.

Youth who are having sex at an early age are less likely to utilize safe sex practices resulting in a myriad of health consequences (Di Noia and Schinke 2008; O'Donnell, et al. 2001; Pedlow and Carey 2004). In 2000, there were 9.1 million new sexually transmitted disease (STD) infections among young adults and teens (ages 15-24), youth accounted for about half of all new infections (Guttmacher Institute 2012). The Centers for Disease Control and Prevention (CDC) estimates that one in four sexually active girls ages 14-18 has a STD and about 48% of African-American girls compared with 20% of Caucasian girls (Forhan, et al. 2008). In 2009, 39

⁴ The Russian Federation had the most adolescent pregnancies at 101.7.

percent of new HIV cases in the U.S. were among 13-29 year olds (Centers for Disease Control and Prevention and National Center for HIV/AIDS 2011). Youth who are marginalized due to poverty, race, and ethnicity are at greatest risk for negative sexual health outcomes; that is, contracting an STD or HIV, and unintended pregnancy (Hogben and Leichter 2008; Mollborn 2011). Social and economic inequalities intersect in a variety of ways to produce health disparities (Adler and Newman 2002). However, disparities are often reported solely by racial classification (Centers for Disease Control and Prevention 2012b; Krieger, et al. 2003). The effects of racial discrimination and those of poverty are often conflated and, while statistics presented here often reflect racial disparities, they are assumed to also reflect circumstances of economic disadvantage. The reason for presenting the information by race and not by socioeconomic status, which would be preferable, is that this is the only information available. The national pregnancy rate among 15-19 year old girls was 71.5 per 1,000 girls in 2006 (or 7% of women this age); however for African-American girls in Pennsylvania it was 141 per 1,000 (Guttmacher Institute 2010). The research presented in this dissertation was conducted in and around Braddock, Pa, an economically disadvantaged community, that experienced a 68% increase in the teen birth rate between 1995 and 2000 (Deitrick, et al. 2008).

In Allegheny County, Pennsylvania, African-American girls ages 15-19 are 18.6 times more likely than white peers to contract chlamydia and 43.5 times more likely to contract gonorrhea (Hunte, et al. 2002). African-American boys ages 14-19 are 56.4 times more likely than white peers to have a chlamydia infection (Hunte, et al. 2002). In 2008, 56% of HIV cases in Allegheny County (which includes the communities of research) were among African-Americans, although they comprise only 13.5% of the county's population (Templeton 2009). In the U.S., African-American girls represent the fastest growing demographic for new cases of

HIV and power dynamics in relationships result in condom coercion that restricts safe sex practices (Teitelman, et al. 2010).

U.S. youth prioritize sexual health issues and gaps remain in meeting their needs (Kaiser Family Foundation 2003). A recent report by The Kaiser Family Foundation found that “young people are more concerned about sex and sexual health than any other health issue in their lives.” An overwhelming 75% of adolescents and young adults surveyed reported that they need more information related to sexual health (Kaiser Family Foundation 2003). The same report found that a high number of young people have misconceptions about STDs, and are misinformed about safe sex practices and contraception.

O'Donnell et al. (2001) found that youth who initiate sexual activity early engage in, and are exposed to, more sexual risk-taking behavior (O'Donnell, et al. 2001); see also (Luker 2005). Earlier sexual initiation places youth at greater risk for STDs, HIV, and unplanned pregnancy because of the possibilities for a higher number of partners and instances of unprotected sex (Pedlow and Carey 2004). Table 1 compares American adolescents by race for multiple sexual health indicators and universally reflects African-American youth as at greater risk. Again, it must be noted that while reported by race, there is growing recognition that economic status is foundational (Adler and Newman 2002; Krieger, et al. 2003). Therefore, there is urgent need to track disparities by family economic status in addition to race/ethnicity. Table 1 reflects available data, but is used here to reflect linkages between race and economic inequality.

Table 1: Sexual Health Disparities Among Youth

	African American	Caucasian	African American /Caucasian Ratio
Had sex before age 13*	13.9%	3.9%	3.56
Had sex with 4 or more persons in lifetime*	24.8%	13.1%	1.89
Currently sexually active*	41.3%	32.4%	1.27
Pregnancy rate per 1000 girls ages 15-19**	128.0	45.2	2.83
Chlamydia rate per 100,000 girls 15-19**	8,858.1	1,374.9	6.44
Chlamydia rate per 100,000 boys 15-19**	2,195.4	155.4	14.13
STI Prevalence (girls 14-19)***	47.70%	20.30%	2.35
New Diagnosis of HIV 2010 (ages 13-24)****	59%	19%	3.11

* (Centers for Disease Control and Prevention 2012b); ** (Gavin, et al. 2009); *** (Forhan, et al. 2008); **** (Centers for Disease Control and Prevention 2012a)

1.4 INCLUDING YOUNGER ADOLESCENTS

The 1994 International Conference on Population and Development (ICPD) recognized the need to prioritize the provision of sexual health information and services for adolescents as a way to promote healthy and responsible psychosexual development (Dixon-Mueller 2011). As a result, there has been an increase in information available for many countries related to adolescent sexual health (communication/messages, gender roles, statistics, and services). The international data collected for adolescents represent 15-19 year olds, and a recent position paper by the World Health Organization (WHO) (Dixon-Mueller 2011) recognized gaps in knowledge about younger adolescents (10-14 year olds). The WHO identified focusing on 10-14 year olds as “an ideal window of opportunity for building the foundations of sexual and reproductive health and rights among young adolescents and for preparing them to make safe, informed and voluntary sexual and reproductive (and other) decisions in their lives” (Dixon-Mueller 2011):1).

There is increasing recognition of the importance of having age appropriate interventions “because patterns of adolescent sexual behavior differ from adults” (Pedlow and Carey

2004):173). While adolescents are less likely to be having sex they are more likely to be engaging in risky sex. Developmental variability along biopsychosocial dimensions necessitates tailoring of programs to meet the needs of younger versus older teens (those with and without sexual experience) (Pedlow and Carey 2004). A major gap in existing research is that “although adolescent sexual risk behavior is influenced by developmental forces, most of the theories that have been applied to adolescent HIV prevention interventions were developed for adults” (Pedlow and Carey 2004):10). Additionally, Di Noia and Schinke identify a gap in that “research examining factors associated with sexual experimentation and risk among early adolescent girls (i.e. girls aged 11 to 14 years) is sparse” (Di Noia and Schinke 2008): 498). A fuller discussion of developmental variability is presented in Chapter 2: Review of the Literature.

A recent study was one of few to investigate dating patterns among middle school age students (Robert Wood Johnson Foundation and Blue Shield of California Foundation 2012). The survey results of 1,430 7th grade students greatly support the need to begin addressing relationship issues with this younger age-set. James Marks, M.D., M.P.H., senior vice president and director, Robert Wood Johnson Foundation Health Group states, “Dating violence is a pressing public health challenge and these new data are important and powerful. We know that middle school provides this critical window of opportunity to teach young adolescents about healthy relationships and prevent teen dating violence”⁵ (quoted from Robert Wood Johnson Foundation 2012). The study found that 75% of students already has a boyfriend or girlfriend, and within the last six months 37% reported being the victim of psychological abuse and 15% reported being the victim of physical dating violence (Robert Wood Johnson Foundation and Blue Shield of California Foundation 2012). Of further concern, 31% report electronic dating

⁵ This statement reflects adolescent sexual health and educational paradigms in the U.S. Historically, the locus of adolescent sexuality has centered on coitus which usually takes place for U.S. youth sometime in high school. Therefore, recent motivations to “start younger” make reference to the next school age cohort—middle school.

aggression⁶, 63% agreed with harmful gender stereotypes, and 49% had been the victim of sexual harassment. Almost 75% of youth surveyed reported talking with a parent about dating.

1.5 CONTRIBUTIONS FROM THIS RESEARCH

The research presented in this dissertation explores how social, cultural, and economic context impact relationships and sexual risk perception for pre-adolescent and adolescent boys and girls age 10-18 living in a resource poor environment. I broadened the range of factors that influence sexual health from individual level factors such as knowledge and practice to include the construction of social normativity, for example, gendered expectations in relationships that ultimately influence perceptions of pregnancy and parenthood. Luker (2005) and Ward (1995) note that missing from policy and prevention discussions for early and single motherhood is the voices of young mothers. The addition of context and meaning exposes nuances of gender and power, and thus allows for an examination of how multiple domains are related and interact (e.g. explanations of early childbearing which may include high social status associated with motherhood or not jeopardizing future goals). A more holistic/ecological perspective aids in reframing the definition and scope of the “issue” to explore the role of poverty and politics. Relations of power and gender should always be considered in the creation and implementation of “solutions” whether they are interventions, activism, policies, etc.

While teen pregnancy, STDs, and HIV are all significant health concerns for youth, there is little research with young adolescents (10-13 year olds) that explores how they give meaning to relationships and initiating sexual activity. Medical and public health literature advocates that

⁶ The survey asked if in the last six months respondents were involved in incidents involving cell phones, social networking sites, email, etc. that included, for example “Contacted you when you did not want them to, just to make you mad,” “Made you afraid,” “Spread rumors about you,” and “Repeatedly checked up on you to see where you were.”

interventions and research should focus on younger age cohorts (Caminis, et al. 2007) preferably before they initiate sexual activity.

The more holistic approach of anthropology can contribute to understanding persistent health disparities by “radical contextualization,” studying up or connecting the local to the national or international, investigating biomedicine and medical encounters, querying the norm to highlight the creation of the other, exposing the connections between the social and the physiological, and viewing the body as a sight of contestation within relations of power (Chapman and Berggren 2005). When discussing health disparities it is important to

resist assigning analytic primacy to race, but at the same time manage to avoid falling into the ‘color-blind’ stance that has plagued anthropology (Visweswaran, 1998; Shanklin, 1999; Smedley, 2001), we will be better equipped to confront the hidden nature of our own class society, with its widening disparities and limitations of opportunity and mobility for large groups of people of all racial and ethnic social identities. Moving away from racial analysis of health outcomes would require identification of the constellations of social conditions that are associated with poor health (Chapman and Berggren 2005):161).

A first step, undertaken in the next chapter, is to critically examine the construction of children and adolescents that is commonly taken for granted in the US.

2.0 CHAPTER 2: REVIEW OF THE LITERATURE

2.1 AN ANTHROPOLOGY OF CHILDHOOD

Instead of relying on adult-imposed meanings of childhood, as anthropologists we need to continue to give due attention to young people as social actors in their own right, actively producing their own culture rather than simply being produced by it themselves (Attard 2008).

Two main themes reoccur in discussions of childhood within anthropology: Western developmental discourse, while hegemonic, is ethnocentric and bound to evolutionary “stages,” and research has tended to be adult-centric. Developmental psychology, universality, and the very meaning of children and childhood have been called into question.

In The Anthropology of Childhood: Cherubs, Chattel, and Changelings (Lancy 2008), examples are provided from across history and culture to support the position that the meaning of “children” is highly variable and culturally informed. Lancy argues that our current western, taken-for-granted, construction of childhood is ethnocentric. In developed societies, among families that are better-off, the cultural ethos is a neontocracy, and children are viewed as cherubs. Parents expend great effort and material resources to ensure that children are “happy” and successful, while expecting little in return from their offspring except the rewards of parenthood done well⁷. Historically, this configuration of the parent-child relationship is rare compared to the more common incorporation of children within a gerontocracy and the view of children as chattel (a commodity) or changelings (a response to unwanted children through

⁷ A related distinction was drawn by Edin and Kefalas between parenting for affluent and poor in the US—“A poor child lives in a field—not a hothouse—where he is expected to grow naturally” (2005:211).

practices of infanticide, as well as a cosmological view of the inherent risks associated with pregnancy, childbirth, and infant mortality). Children as commodity encompasses the selling or bartering of children, their strategic use in alliances by marriage, and their labor potential. Children are productive and actively contribute to the family's well being—they pay their “milk-debt.” Lancy's book demonstrated the extensive inclusion of children within anthropology and was a response to “Why Don't Anthropologists Like Children” (Hirschfeld 2002) described below.

Hirschfeld (2002) asserts that while there is a long history of child-focused anthropological studies, there has been a failure to fully integrate childhood into mainstream theory and practice of the discipline. He argues for a greater inclusion of child-focused studies as an important site of culture-as-learned and practices of everyday power between subaltern populations and elites. Children are a “missing” category of culture bearers much as had been the case for women prior to feminist theorizing. Described by Hirschfeld,

By focusing on the adult end-state and adult influence on ‘achieving’ it, children's activities are cast as ancillary or subordinate. As a consequence, the contributions that children make to their own development are often obscured if not effaced (2002:614).

What is often neglected is the world of children when unattended by adults, the social context of culture making and cultural understanding. Within a hegemonic culture, worlds are created and re-created, transformed, through interaction with the periphery. Hirschfeld is not so much saying anthropologists have not studied children but rather the lenses used have been adult-centric and the theory weak. He provides the example of “cootie” play to demonstrate how children create their own culture. The fluidity and vagueness of giving, catching, and preventing cooties illustrates how children are making sense of their social worlds, and marking boundaries of insider/outsider and relations of power.

LeVine (Levine 2007) provides a historical overview to account for the instability of anthropological investigations of childhood. He notes the dependence of anthropological studies on developmental psychology and the transient nature of these theories over time. Anthropological studies guided by Freudian psychosexual development or behaviorist psychology were rendered irrelevant when their guiding psychological theories were disputed. The interdisciplinary linkages were further strained as anthropology generated examples of the variability in defining, and the social configuration of what constitutes, childhood (see also (Bluebond-Langner and Korbin 2007; Thorne 1987). As studies progressed from innate attributes to the role of social interaction these were conceived in a fairly unidirectional nature—caregiver vis-à-vis child. The symbolic and subjective world of children as acquirers and creators of culture were left relatively unexamined.

Similar to Hirschfeld (2002), Bluebond-Langer and Korbin (2007) and Thorne (1987) argue the next movement in anthropology, after women-centered ethnographies, is to bring the worlds of children more fully into focus. The inclusion of children is critical and situated, and questions even the most basic assumption—childhood (Bluebond-Langner and Korbin 2007; Thorne 1987). Western assumptions of childhood are historical, adult-centric, and have typically included three overarching dimensions: child as threat to society, child as victim, and child as learner of adult culture (Thorne 1987). The result of cross-cultural research has been the de-naturalizing, de-universalizing of childhood—what it is and what it means—and a recognition of childhood agency. As noted by Blueband-Langer and Korbin,

With an emphasis on agency and a move away from children as passive recipients of action has come a parallel and consistent move away from relying on statements by adults about children's worlds and experiences and, instead, toward considering statements by children themselves (2007:243).

It is suggested that the institutions and professions designed to rear and socialize children (e.g. compulsory schooling, pediatric medicine) have created the categories and stages that have since been taken as universal child development that, in turn, justify these same knowledge/practice configurations (Thorne 1987). Childhood development theories are teleological and ontological.

What children and childhood constitute is variable across time and space and modern U.S. constructs are rooted in the legacy of the transition from viewing children as contributors to family and society to their confinement as dependents within the private sphere of family (Thorne 1987). Children were once viewed as chattel but are now defined by their sentimental value as cherubs (Lancy 2008). Thorne (1987) argues that future work needs to explore the socially constructed nature of power and control underlying the distinction between child and adult, and the ideological reduction of the multitude of childhood experiences into the unreflexive category of “child.” Children are agents within structural constraints and have the ability to influence the worlds of adults. This deconstruction of child and child development stands in contrast to the biological and psychological “science” that stands as authority for most research and policy regarding children.

2.1.1 An Anthropology of Adolescence

Schlegel and Barry (1991) conducted an analysis of adolescent experience across 186 pre-industrial societies. The societies range in complexity from foraging to state level, and include many types of kinship systems. While acknowledging that the definition of adolescence is historically and culturally dependent, they argue for an almost universal social stage separating childhood and adulthood that can be characterized as adolescence. The exception they found was when girls are married before or at menarche.

Based on incest avoidance, Schlegel and Barry (1991) propose a universal outline of social networks across the lifespan and specify gender differences. Similar to primates, young offspring are socialized within the family/kin network, but as they age (usually determined by the physical changes that manifest at puberty), peer groups begin to play a larger role. The relative amount of time spent with peer groups and the types of activities varies for boys and girls. Boys spend relatively more time with age mates and less with adults of the same sex, as compared to girls. Adolescent girls spend most of their time in the company of adult women sharing in chores and tasks. While adolescent boys spend time working alongside their fathers they are excluded from the social world of adult men. Thus, the authors hypothesize girls have an easier transition to adult status as they are integrated into same-sex adult groups while boys are excluded, resulting in a longer and more distinct adolescent social stage.

Additionally, Schlegel and Barry (1991) found there was no simple “peer-parent” dichotomy associated with adolescence. While it seems to be true that the more time spent with peers reduces the time spent with parents, it did not necessarily reflect lower levels of intimacy or higher levels of conflict with parents. In some societies peer groups further reinforce the socialization of parents and community. For boys especially, peer groups may fill social and productive roles within the society such as organizing a celebration or reinforcing social morality through public sensor or mockery. There is little evidence from the pre-industrial societies studied to support the “Sturm und Drang” of adolescence, and even research in modern(izing) societies calls inherent turmoil into question.

Many societies have a permissive, albeit ambivalent, attitude toward adolescent sexuality (permissive=111 and restrictive=52): predominately heterosexual but some societies are also tolerant of homosexual activities (Schlegel and Barry 1991). They found that permissiveness was

associated with an early end to adolescence rather than later as defined by female marriage. The hypothesis was that a society would be more permissive of premarital sex if girls tended to get married young as there would be less risk of an out-of-wedlock pregnancy due to adolescent subfecundity. However, even for societies with a late termination of adolescence more are permissive rather than restrictive (35 versus 27). Sexual permissiveness is more typical of societies where nothing is exchanged during a marriage contract or the exchange involves something other than property (e.g. brideservice). That cross-culturally the predominant cultural disposition is permissive towards adolescent sexuality contrasts with unwavering restrictiveness in the U.S. even when the practice of dowry transfer is negligible.

Restrictiveness is associated with societies with dowry or indirect dowry (Schlegel and Barry 1991). In these types of societies it is in the parents' (families') interests to arrange the best possible marriage. For families in the lower classes the aim would be to marry upwards in the social hierarchy, while more affluent families would want to safeguard their marriageable children from pregnancies with those of lower classes (which would foreclose more suitable matches). Moral discourses of family honor and personal chastity protect the material and social expectations of the marriage exchange. Schlegel and Barry (1991) find that the sexual double standard is rare for adolescents and the level of permissiveness is unrelated to personality traits such as competitiveness or aggressiveness. In restrictive societies it was found that girls' sexual deviance, usually taking the form of sexual intercourse, was associated with socialization for responsibility, industry and achievement. Girls who were expected to act maturely were more likely to engage in the mature act of sex. For boys, when sexual success equates to social success, significant time may be spent discussing sexual escapades and in direct sexual competition.

2.1.2 Development of Sexual Scripts

Thorne and Luria (Thorne and Luria 1986) utilized participant observation in several elementary schools to investigate gendered play and emerging sexuality, and their relation to the sexual scripts of adolescence and adulthood. They found that children construct their free-space, free of adult intervention, in gender segregated ways. Groups of boys bond through the arousal of sports and rule transgression whereas girls navigate fluid dyads bonded by disclosure of personal vulnerability. They also note that boys “performed” for other boys through group escalation of the routine into the transgressive. However, this all-male group excitement is bounded to the heterosexual by stigmatizing through the use of derogatory homophobic slurs. By fifth grade girls were monitoring their and others’ appearance, a performing of self for others appraisal (although not necessarily male). The sexuality of boys is expressed by the use of taboo, forbidden dirty words while girls talk about crushes and romance. The connection to tensions in later romantic relationships is made as

two strands of sexuality are differently emphasized among adolescent girls and boys. Girls emphasize and learn about the emotional and romantic before the explicitly sexual. The sequence for boys is the reverse; commitment to sexual acts precedes commitment to emotion-laden, intimate relationships and the rhetoric of romantic love. Dating and courtship, Gagnon and Simon (1973) suggest, are processes in which each sex teaches the other what each wants and expects. The exchange, as they point out, does not always go smoothly (Thorne and Luria 1986): 184).

Thorne and Luria argue that these differences in sexual script making are the result of gender segmented peer socialization. Gender antagonism is created, maintained, and reinforced in these segregated play spaces, and activities at the boundaries (e.g. kiss and chase) take on special significance.

In a parallel nature to Hirschfeld’s (Hirschfeld 2002) discussion on cooties, Thorne and Luria note the use of claiming someone “likes” someone as a way to reinforce power and status.

When a popular child is linked to an unpopular child through “liking,” the difference in social hierarchy is subjected to social commentary and contamination is inferred. Whereas cootie play described by Hirschfeld was unpredictable and not tied to one particular social category, the group performance of teasing about “liking” is connected to beliefs about appropriate choice of partners based on status.

2.2 ADOLESCENCE

We cannot leave the building of the road until it is time to embark on the journey and then expect to find it safe and easy going (Wickes 1927):288).

Existing developmental literature highlights several debates and issues that inform my research. There are competing theories of adolescent development encompassing a predominately biological, social-cultural, or cognitive framework. The principal use of quantitative methods in developmental research, while illustrative of patterns of behavior, has not adequately accounted for variations in or meanings given to behavior. Furthermore, within the area of psychosexual development the focus has been on abuse to the relative neglect of what constitutes positive sexual development. Within medicine and public health, adolescent sexuality has been framed from the perspective of the adult researcher, considered as risk, and by extension the focus of research has been risk behaviors. The investigations of adolescent sexuality have typically included mid-adolescents or young adults to the exclusion of the developing sexuality of early adolescence. The research detailed here is positioned within these debates by 1) situating adolescent development as mutually constitutive of biology, social-cultural context, and cognitive; 2) using qualitative methods; 3) viewing adolescent sexuality as normative; 4) inductively defining sexuality and risk from the perspective of adolescents; and 5) including young adolescents to inform on their continually negotiated sexual subjectivities.

2.2.1 Adolescent Development: The Dominant View

Defining adolescence is tricky business. A biological view is ambiguous as hormonal changes precede secondary sex traits by several years, achievement of reproductive maturity is variable, and physiological changes associated with adolescence may not coincide with cognitive or emotional development (Gullotta, et al. 2000). A cognitive definition of adolescence is no less straightforward, if defined as the ability to think abstractly or use logical reasoning. Cognitive development takes place gradually and the demonstration of these skills may not be consistent across different types of social interactions. Similarly, a sociological definition of adolescence that begins with sexual maturity and ends with the social recognition of adulthood is subject to many interpretations as evidenced by the different ages to obtain a drivers permit, vote, and drink alcohol.

The messiness of adolescence has resulted in the adoption of a heuristic interdisciplinary approach which divides adolescence into roughly three phases, or epochs, beginning with puberty and ending in the transition to adult status (Caskey and Rosenthal 2005; Gullotta, et al. 2000). The social recognition of the end of childhood is demarcated by the arrival of puberty, between the ages of 11 to 14 years old, and is referred to as early adolescence. Middle adolescence, ages 15-17, is characterized by increasing identity formation, independence, and closer association with peers. Late adolescence, 18-20, marks the social transition to adult roles and responsibilities (Caskey and Rosenthal 2005). These three epochs conveniently reflect educational levels: early adolescence the middle school years, middle adolescence high school years, and late adolescence encompassing various career training and secondary education programs (Gullotta, et al. 2000). While the cognitive skills of 14 year olds resemble those of adults, situational factors are seen as likely to influence judgment and reasoning, and therefore

outcomes. Heightened emotional states, such as arousal or stress, and situations that involve unequal power dynamics challenge adolescents' decision making abilities (Caskey and Rosenthal 2005; Thomas 2009).

Dominant developmental discourse in the U.S. superimposes universal characteristics of adolescence that are rarely examined critically. Within this model it is assumed that adolescence is a time when social worlds are greatly expanded and increasing importance is given to peers and interactions with outside institutions. Youth are attempting to understand and evaluate their future roles in society (Connell and Halpern-Felsher 1997). Therefore, by extension, experiences are evaluated and interpreted as they are integrated into perceptions of identity. The expectations that others have of you and how they interact with you impact aspirations and feelings of self worth. However, these contexts differ between youth living in poverty and more affluent youth, with factors ranging from role models available, quality of schools, community resources, and family support to employment opportunities, and youth and health services. Additionally, the structure and scope of extra-familial relations differ by gender (Schlegel and Barry 1991; Thorne and Luria 1986).

According to biological science, puberty commences when the hypothalamus triggers the pituitary gland to increase the circulation of gonadotrophic hormones (sex hormones) (Moore and Rosenthal 2006). While both sexes produce male and female hormones, it is the relative balance of the types of hormones that differentiates the sexes. What triggers the onset of puberty is unknown but it is hypothesized that it is a complex feedback system between the body and environment. For girls, there is evidence of a relationship between body weight and the onset of puberty, with body weight believed to be an evolutionarily developed marker of sufficient energy reserves to commence reproduction (Moore and Rosenthal 2006; Salsberry, et al. 2009). This

might help explain why girls are undergoing puberty at increasingly younger ages since girls tend to weigh more at each age than in the past (Moore and Rosenthal 2006; Thomas 2009). On average, girls in the US experience menarche at age 12. During puberty the primary and secondary sex characteristics develop and the body grows rapidly. During puberty girls not only increase in height but also in relative body fat (Daniluk 1998). This is particularly challenging as teenage girls are very sensitive about body image, and girls gain on average 24 pounds during puberty (Daniluk 1998). Recent research demonstrates a similar trend for earlier onset of secondary sex traits for boys in the US (Herman-Giddens, et al. 2012). Using a standard benchmark for testicular development, the researchers found boys are maturing six months to two years earlier than previously thought. They do not identify any causes.

Importantly, studies have shown that the manifestations of physiological changes are influenced by context. For example, increased testosterone in boys may or may not be associated with increased aggression depending on the characteristics of one's peer network. There is some evidence that girls are more susceptible to social control mechanisms than boys (Daniluk 1998; Moore and Rosenthal 2006; Ramirez-Valles, et al. 2002; Smith, et al. 2005). Ethnographic studies suggest that the relationship between the onset of puberty and initiation of coitus varies cross-culturally due to differing norms and values (Marshall, et al. 1972; Mead 1928; Shostak and Nisa 2000). Furthermore, the belief that adolescence is inherently stressful and conflict ridden is a historical and cultural product (Moore and Rosenthal 2006; Russell 2005).

Bullough (Bullough 2006) and Russell (Russell 2005) argue that prior to industrialization, the onset of puberty marked the transition from child to adult roles, and puberty

typically began at later ages than is the case today (Bullough 2006; Russell 2005)⁸. With industrialization came the life stage identified as adolescence, resulting in a liminal state between childhood and adulthood (Lightfoot 1997; Russell 2005). As noted by Russell, “contemporary adolescence is in many ways defined by the negotiation of sexual maturation during the long period before social maturity” (2005:5). This tension, characteristic of Western societies, is exacerbated when coupled with religious and moral objections to teenage and premarital sexuality. However, adolescents do not necessarily have to experience this developmental phase as stressful or conflict laden irrespective of the biological changes (Moore and Rosenthal 2006).

Schlegel and Barry (1991) argue for an almost universal life-stage they call adolescence and that it is most pronounced for males as males become associated with a peer/age set whereas females have increasing interaction with peers and simultaneously are incorporated into the social worlds of adult women. The increased separation for adolescent males from the social world of adult males is postulated as a reflection of the differential adult social roles by gender. In most societies, males have greater responsibility for decision making in the realms of community politics and control of property thus the social movement from adolescent to adult is more marked. The authors do acknowledge that the social configuration in modern industrial societies is different from pre-industrial societies they investigated.

In the years leading up to the onset of puberty the brain undergoes a period of grey matter growth particularly in the frontal lobe, which is associated with “impulse control, planning, reasoning and decision making” (Moore and Rosenthal 2006): 72). Following this period of growth, there is a scaling back of grey matter throughout adolescence. This reduction in grey matter results in the stabilization of cognitive abilities, including the ability to reason. However,

⁸ US age of consent laws ranged by state from 7 to 12 years old in 1885. By 1890 the age range increased to 10 to 16 years old (Cocca 2006).

throughout the process some functioning, such as empathy and impulse control, may be impaired. Recent research in neuroscience casts doubt on the prevailing characterization of the adolescent brain as impulsive and producing poor decision-making (Teslovich, et al. n.d.). Researchers at Weill Cornell Medical College found that adolescents were capable of delayed decision making in order to maximize potential success (Teslovich, et al. n.d.).

2.2.2 Positive Sexual Development: What Does This Mean?

We know very little about children's psychological experiencing of themselves as sexual people in general and even less about the sexual self-constructions of children from different ethnic, racial, economic, or religious groups (Daniluk 1998:27).

The literature on psychosexual development has predominately focused on sexual abuse (Daniluk 1998; de Graaf and Rademakers 2006; Hornor 2004). Research exploring positive sexual development is scarce and even more so regarding prepubertal children (de Graaf and Rademakers 2006). Studies that have been done demonstrate a range of normal self and interpersonal sexual behaviors for children under 13 years old (Bullough 2006; de Graaf and Rademakers 2006). Behaviors reported include looking at people undressing, touching breasts, touching others' sex parts, showing own sex parts to children, showing own sex parts to adults, and sex play with other children. The frequencies of these behaviors were reported as observed by parents and teachers, and decline with the age of the child. It seems plausible that the reduction in sexual acts with age reflects greater internalization of the private nature of such acts. By age 13, 55% of boys and girls report masturbating and this increases to 80% by age 15 (Thomas 2009). Retrospective cross-cultural studies found that 55% to 76% of children 14 and under have had sexual experiences with other children (de Graaf and Rademakers 2006). However, it is unusual for children up to age 12 to engage in oral-genital contact or any type of vaginal or anal penetration in the U.S. A retrospective study with college students in the U.S.

found that the majority of boys (70%) and girls (63%) experienced sexual arousal before puberty. Daniluk⁹ (1998) provides a summary of sexual behaviors typical for different developmental stages (see Table 2).

Table 2: The Evolving Sexual Self (Source: (Daniluk 1998))

Ages	Typical Behavior
Birth-4 years	<ul style="list-style-type: none"> • Preference for nudity • Curiosity in the bodies of others, especially bodies of difference (older, opposite sex) • Curiosity in evacuative functions • Touching of own genitals • Modeling roles of adults such as “mommy and daddy”
5-7 (Early School-Age)	<ul style="list-style-type: none"> • Continued self-exploration • Continued modeling of adult roles and behavior • Kissing, holding hands • Sense of shyness around dressing and using the toilet
8-12 (Pre-Adolescence)	<ul style="list-style-type: none"> • Continued self-exploration • Increased sexual interaction with peers: kissing, fondling, sex play (playing doctor), exposing self, rubbing

The research methodologies used have rarely included qualitative measures, for example interviews, with the children themselves (de Graaf and Rademakers 2006). Furthermore, existing studies investigated sexual behaviors to the exclusion of the thoughts and feelings associated with emerging sexuality. The limitation of observational studies is that they are restricted to behaviors performed in front of others, and the limitations of retrospective studies are the difficulties in recalling early childhood memories and the (re)interpretation of memories

⁹ Daniluk relies on the work of Gil and Johnson (1993) titled “Sexualized children: Assessment and treatment of sexualized children and children who molest.” The book represents a North American psychology perspective, focused on problematic behaviors with “normal” behaviors described as a comparison.

over time. Graaf and Rademakers (2006) recommend the use of interviews in order to gain first-hand information with children seven or eight and older. Around this age children develop the capacity for self-reflection and are able to discuss personal experiences. Interviews with this younger age group, coupled with play and/or art methodologies are suggested as ways to fill gaps in the study of childhood sexuality.

Brewster and Harker Tillman (Brewster and Tillman 2008) assert mid-adolescents are sexually aware individuals who evaluate and encounter a broad range of the “sexual” that is not limited to the dichotomy of coitus versus virginity. Daniluk asserts that for women

...there is no one sexuality. Women are not a homogeneous group, and there appears to be no unified experience of “sexuality” for women. Rather, a diverse array of sexualities exist. They begin with the physical potentialities of the body and evolve in interaction with the changing contextual realities of each woman’s life. This means that there are many forms of sexuality (1998:8).

but this can easily be expanded to include any group of people. Decisions on engaging in various sexual activities depend on a constellation of factors including environmental constraints (e.g. monitoring), feelings toward potential partners, desire for sexual gratification, sexual norms, peer influence, and attitudes toward sexual behaviors (e.g. shame, pleasure). Brewster and Harker Tillman (2008) investigated characteristics of mid-adolescents engaging in oral sex, a behavior that is consistently identified as not sex, considered to be low risk, and a normative part of early sexual experience. While they found oral sex to be a common experience across gender and race, it was interesting that white males and females were more likely to engage in these activities (both virgins and non-virgins). Controlling for family background, religious affiliation and participation, and urban residence, white youth who are virgins were statistically more likely to report oral sex experience. The authors reference earlier research to postulate that there are differences between adolescent subgroups in acceptable sexual behaviors, and that the greater

prevalence of oral sex among white teens may help account for the observed delay in coitus debut (Brewster and Tillman 2008; Smith, et al. 2005).

There are also differences in the meanings, values, and experiences related to sex and sexuality for males and females (Smith, et al. 2005). Typically, research on adolescent sexuality has focused on girls (Smith, et al. 2005). Smith, Guthrie and Oakley (2005) conducted a review of the literature on adolescent male sexuality. The majority of studies on male sexuality has been conducted since 1990, were atheoretical, had cross-sectional designs, and investigated behaviors (typically defined as coitus) to the exclusion of any aspect of sexual being, where sexual being

is defined as the cognitive generalizations about sexual aspects of the self that is the manifestation of past experiences used to shape and guide current sexual behavioral activities. Sexual being is socially constructed, situational, influenced, and given meaning by its location in time and social space. Sexual being provides sexual subjectivity, and shapes and guides sexual activity (Smith, Guthrie and Oakley 2005: 362).

The studies that were guided by a theoretical perspective tended to utilize one of three perspectives: biological, socio-environmental, or cognitive. A biological perspective focuses on the physiological changes associated with puberty and sexuality. The socio-environment approach investigates the influences of social contexts and norms on sexuality. Cognitive theories view sexuality in relation to attitudes towards sex, self efficacy, and motivation. Smith et al. (2005) note future work needs to include younger adolescents, less than 15 years old, to gain a better understanding of their sexual subjectivities prior to initiating intercourse and the need to augment existing quantitative research with more qualitative investigations of adolescent male sexuality, particularly sexual being.

Studies of the biological effects on adolescent males initiating coitus were mixed: one study found pubertal development was associated with initiating intercourse (with testosterone a

mediating factor operating through pubertal development) and a more recent study finding no association with the timing of puberty (Smith, et al. 2005). Socio-culturally, the sexual expectations and values for adolescent males and females differ with greater acceptance and status given for male sexual activity. As such, males receive a different constellation of messages (explicit and implicit) about sex: this includes media, parental monitoring, and parental communication. While not directly comparable, one set of studies found that parental monitoring delayed sexual initiation while other studies found little effect (Smith, et al. 2005). Of interest, the studies that identified an influence of parental monitoring were generally conducted with younger adolescents suggestive of a possible age relationship. In addition to family, peers, school, ethnicity, and neighborhood all influence male adolescents' behaviors and values related to sexuality. Smith et al. (2005) note the paucity of information regarding the role of peer influences for minority males.

Childhood sexuality as a topic of academic inquiry is intimately imbrued with social and cultural constructions of adolescence and sexuality (de Graaf and Rademakers 2006; Hornor 2004; Russell 2005). Historically, in the United States, the social construction of children as "innocent" fostered the belief that early sexuality needed to be controlled and suppressed (Hawkes and Egan 2008; Russell 2005). With the rise of modernity came an acknowledgement of the "normal" sexual development of children coupled with a need for professional management (Hawkes and Egan 2008). This management took two main forms: Watsonian behaviorist psychology and Freudian psychoanalysis. The Watson school of behavioral psychologists believed that children were born without preexisting instincts, that sexuality was socially constructed through experience. Parents were to be trained in practices that supported

the development of the independent self (e.g. mothers should not be overly affectionate) and that normalized sexual experiences in terms of functions and biology.

For Freud, childhood sexuality was understood as basic instincts—the libido—and went through developmental stages (see Bullough 2006). Repression of these instincts in childhood would manifest as disorders in adulthood. Parents needed to tread the fine line between suppressing sexual instincts in conformity with social convention and stigmatizing sensual expression. For both schools of thought it was important that children not be shamed for sexual behavior and that ‘appropriate’ desexualized sexual knowledge was given to a child from a young age. Within these conceptualizations of childhood sexuality, the subjectivity of sex play is problematic as the nature of sex play is interpreted from the perspective of adult or ‘expert’—is it sex or is it play? Ultimately, the child was to be molded and acted upon, instead of molding and acting upon, in pursuit of the well-adjusted adult. It was childhood sexuality, not sexuality of the child.

In the U.S., the legacy of collapsing adolescence in with childhood had a powerful influence on the social and political construction of adolescent sexuality as negative (Cocca 2006). It is believed that adolescents are not mature enough to handle the complexities of becoming sexually active; it places them at risk. At the same time adolescence is associated with a romanticized expectation that risks will be undertaken. The paradox of the reckless versus free spirited teenager is explored next.

2.2.3 Adolescent Risk Taking

Studies of adolescence usually proceed from two interrelated perspectives: adolescence as framed and interpreted by adults, and adolescence as fraught with instability and danger (Lightfoot 1997). Once again the common omission—the inclusion of how youth give meaning

to events—is noted. By listening to teenagers, Lightfoot (1997) makes the argument that adolescent risk-taking is the creation of cultural experience deeply rooted in performance and is “protoaesthetic” in nature. Risk-taking is, on some level, a (de)constructive transformation in the ongoing creation of self. Through these experiences meaning is constructed (narrative) and stories are told, which is a dialogue with self (identity) and others (social cohesion). Shared stories serve as a marker of group inclusion and demarcate outsiders.

Motivation to participate in risky activities is not as simple as a delusional belief that one is infallible, rather adolescents are aware of the dangers involved and this can be part of the appeal (Hunt, et al. 2007; Lightfoot 1997; Sunstein 2008). Taking risks is exciting, liberating and challenges notions of self, while at the same time defying authority. Furthermore, in American culture, adolescence is a time when risk-taking behavior is expected (within boundaries) (Lightfoot 1997). Of importance is the idea that peer groups structure “normative” risks or those risks that are believed to be engaged in by everyone (e.g. drinking alcohol, smoking pot). In contrast, other forms of risk are considered unacceptable such as heavy drug use or driving while intoxicated. The establishment of normative and non-normative is group and context dependent. Following Foucault (Foucault 1978), our society is deeply preoccupied with the pathological actions of adolescents while at the same time these actions are romanticized by popular culture. Obsessive documentation of these activities ultimately reinforces their normalcy. The developmental stage of adolescence is caught between the pendulum of being fraught with danger and a time of great symbolic and creative possibility.

Lopes (1993) notes that

uncertainty is embedded in time. There is a now in which some things are true, a future in which other things may be true, and a still farther future in which we may reflect on the past. At the point of choice we look forward along this track, and we also anticipate

looking back. The temporal element is what gives risk both savor and sting (quoted in Lightfoot 1997:52).

Morrissey (Morrissey 2008) explores adolescent risk taking as social, material, identity formation, symbolic, and performance; with the site of linkage being the body. Building from the work of Beck (Beck 1992) and Giddens (Giddens 1991; Giddens 1999) on risk-societies, Morrissey posits that hyper surveillance in order to avoid risk generates the desire to take risks to counter the sterility of being a highly regulated body (as is the experience of students in the U.S. school system). In the United States, adolescence is believed to be an inherent period of heightened risk taking and thus youth are subjected to elaborate forms of biopower and biopolitics. Rebellious acts of voluntary risk-taking may take two major forms: ‘mimetic,’ or the participation in risk that simulates actual risk while at the same time controlling for risk (e.g. bungee jumping), or ‘carnavalesque,’ which is subversive of normative appropriate behavior (e.g. drunk driving). The first is typically monitored by adults while the second is unsupervised with the correlation that one teaches risk management and the other courts danger.

Morrissey then draws on the work of Bourdieu (Bourdieu 1977; Bourdieu 1986) to position risk-taking as a bilateral transfer of capital. The choice of which type of risk to undertake, mimetic or carnivalesque, is in part a factor of available economic, cultural and social capital. For example, the high cost of skiing/snowboarding and the skills needed to perform the risk limit who is able to participate. Risk also confers capital in the form of social inclusion and status; however, different social groups will value/stigmatize different forms of risk. Some activities might confer cultural capital while others confer sub-cultural capital (e.g. teenage motherhood). The rewards of risk are the development of independence, attainment of adult status, performance of identity, group acceptance, and status.

Importantly, engagement in risk taking is as much about avoidance of negative peer opinion as it is about favorable capital. Some activities are strongly avoided as they are devalued by a group; for example boys do not want to participate in dance because they are afraid they will be considered gay or sissy. For the same reasons, some risk is courted to prove non-association with negative identities, to prove that one is not weak, gay, boring, or a nerd. Possible physical risk is placed in relation to the “fear of risking his/her identity and thus his /her membership of, or status within, a valued cultural group” (Morrissey 2008:426). The benefits of voluntary risk-taking are socially constructed, multifaceted, and constrained by positionality. The contradicting values of independence and prolonged dependence for U.S. adolescents fosters a culture wherein teen identity is forged through participation in consumerism. For youth lacking employment opportunities, failing in school, and unable to participate in consumer culture, risk taking and the symbolic markers of gender performance become important features of identity construction and maintenance.

Hunt, Evans, and Kares (Hunt, et al. 2007) investigated conceptions of risk and drug use at raves¹⁰ from an emic perspective. They begin from the perspective that there are two discourses around youth and young adults who attend raves and use drugs: a biomedical one focused on prevention, surveillance, and control; and the perspective of attendees who describe the experiences as pleasurable. It is noted that the idea of pleasure is all but absent from biomedical and public health discourses and messages. Contrary to prevention/control assumptions, youth and young adults were aware of the risk of various forms of drug use and actively sought information in efforts to modify (although not eliminate) risk. Risk from taking drugs was not absolute, not wholly positive or negative, and different drugs were evaluated along a perceived continuum of risk. Ultimately, perceptions of risk were grounded in experience; and

¹⁰ Raves are unlicensed techno-music dance parties (Hunt et al. 2007).

risk from taking drugs was weighted relative to other risks one encounters in daily life.

Decisions on whether to use drugs were a balancing of risk and reward. However, both risk and reward were not solely a matter of the psychological or physical but embedded in social relations and context.

A more recent paper on raves and drug use by Hunt, Moloney, and Evans (Hunt, et al. 2009) noted “in focusing solely on the substance itself, researchers have downplayed the importance of studying the use of these substances within a social setting.” The research presented in this dissertation argues a parallel track for researching adolescent sexual risk. The focus on the act of having sex obscures the socially embedded nature of the act and its associated meanings; this requires the inclusion of the rarely discussed dimensions of pleasure and perceived benefits. The aim of my research was to socially embed and re-contextualize those deemed as at-risk for negative sexual health outcomes, to view them as more than bodies engaged in the narrowly defined act of having sex.

The polarizing phenomena of late modernity—risk societies and edgework—create and reinforce each other. The former is a focus on risk assessment and management through surveillance and control in formal spaces while the later is the increasing adoption of voluntary risk taking in leisure activities (Hunt, et al. 2009); see also (Beck 1992; Giddens 1991; Giddens 1999; Lyng 1990; Lyng 2005)). Risk-taking serves as a counterbalance to regimentation, and the goals are pleasure and transcendence. An argument can then be made that voluntary risk taking is not limited to the developmental period identified as adolescence but is a process of identity formation through consumerism across the lifespan. The yearning for the novel in leisure activities constructs the emphasis on the individual fostered in U.S. society that is often at odds with everyday experience; these spaces offer excitement, experimentation, transcendence, and

the opportunity to invert normative social order (Hunt, et al. 2009). Risk-taking, and associated evaluations of risk, can heighten these liminal experiences.

The research presented in this dissertation supports a view that risk-taking is subjective, symbolic, relative to other risks of daily experience, positional, and narrowly defined by adults with a specific cultural configuration of what the developmental period of adolescence is believed to encompass.

2.3 DEVELOPMENTAL CONSIDERATIONS

In part, the defining/framing of adolescence is complicated because experienced differently based on gender and is dynamic. Several developmental considerations should be addressed when investigating sexual health with youth. First, there are gender differences due to biology, socio-emotional expression, and sexual experience and expectations. Second, there is an age related maturation component as youth develop social skills, reasoning, experience and knowledge levels. Lastly, there is the question of what is “developmentally appropriate” for conducting research with youth, and developing and implementing interventions aimed at improving health outcomes (see Pedlow and Carey 2004 for a discussion of developmental influences).

Research on youth sexual health has been conducted mostly with college or high school age participants (Bersamin, et al. 2007; Caminis, et al. 2007). However, funding institutions and medical professionals increasingly acknowledge interventions need to target younger age groups, preferably before youth become sexually active (Robert Wood Johnson Foundation 2012; Noia and Schinke 2008; Pedlow and Carey 2004)(Di Noia and Schinke 2008; Pedlow and Carey 2004; Robert Wood Johnson Foundation and Blue Shield of California Foundation 2012). Caminis et

al. note, “more comprehensive studies of this younger age group may help identify additional risk factors and outcomes associated with sexual behavior specific to the developmental stage of middle school students” (2004:10).

Di Noia and Schinke (2008) found that girls’ ages and the ages of their partners accounted for variation in both experimentation and risk. Caminis et al (2007) investigated whether externalizing and/or internalizing problems in 6th grade was predictive of early sexual initiation and sexual risk taking in middle school. Caminis et al found that boys “were twice as likely as females to initiate sexual intercourse early and three times as likely to engage in high-risk behavior as compared to girls of the same age” (2007:8). The study also confirmed other research findings that children of single parents, from low socioeconomic families, and lower parental education initiate sex at earlier ages (with single parenthood and low parental education being linked to low socioeconomic status).

Pedlow and Carey (2004) note that while some interventions purport to be developmentally appropriate for youth, these programs vary widely and do not report what aspects specifically make them developmentally appropriate. The authors recognize the importance of having age appropriate interventions “because patterns of adolescent sexual behavior differ from adults” (2004:173). Developmental variability along biopsychosocial dimensions necessitates tailoring of programs to meet the varying needs of adolescents (those with and without sexual experience). A major limitation of existing research is that “although adolescent sexual risk behavior is influenced by developmental forces, most of the theories that have been applied to adolescent HIV prevention interventions were developed for adults” (Pedlow and Carey 2004:10). Cognitive maturity is an important factor when considering sexual

risk as perception of long term outcomes and ability to make decisions in new and emotionally charged situations is more difficult for youth.

2.3.1 Gender Implications

A study among 18-24 year olds attending an urban college in a high-risk HIV neighborhood investigated men's and women's relationship expectations and experiences in order to better understand gender dynamics in relation to sexual risk-taking (O'Sullivan, et al. 2006). The study found that male relationship attitudes (e.g. significance of sex and relationship investment) are associated with risk behavior for men: unprotected sex and sex outside of primary relationships (O'Sullivan, et al. 2006). The researchers state that "HIV prevention efforts must consider the influence of relationships—the context of most sexual risk" (O'Sullivan, et al. 2006).

Another study investigated traditional masculine gender ideology and its relationship to sexual risk behavior and intimate partner violence (IPV) among adult urban males (Santana, et al. 2006). Separate studies have detailed a traditional masculine gender ideology that crosscuts race and age¹¹ in the U.S. and independently linked men with higher investment in the traditional gender ideology with sexual risk taking behavior (e.g. unprotected sex, multiple sex partners, and infidelity) and increased rates of IPV (Santana, et al. 2006). The researchers found an association between those who endorsed traditional masculine ideologies and men who did not graduate from high school or obtain a General Educational Development (GED). The findings of the research were mixed: men with traditional gender ideologies were more likely to report unprotected vaginal sex with their partner and IPV perpetration; however they were not more likely to have unprotected anal sex, force unprotected sex, or have many sexual partners, suggesting that further research is needed to understand the relationship of traditional gender

¹¹ There was no mention of socioeconomic status, although the cited study was among low-income urban men.

ideology and sexual risk and IPV. The authors note “more in-depth qualitative and quantitative research is needed to better understand the diversity of masculine ideologies and how these relate to young men’s IPV perpetration and sexual risk behaviors, as well as how these ideologies may link men’s IPV perpetration and sexual risk” (Santana et al. 2006:581-582). Additionally, the above studies related to male gender role ideology were conducted with young adults and adults.

Several articles note that girls who have older partners tend to have sex at earlier ages and engage in more risk-taking behavior (Di Noia and Schinke 2008; Pedlow and Carey 2004). There are greater power differentials in the relationships and a greater risk that condoms will not be used (Pedlow and Carey 2004). Di Noia and Schinke identify a gap in that “research examining factors associated with sexual experimentation and risk among early adolescent girls (i.e. girls aged 11 to 14 years) is sparse” (2008: 498).

2.3.2 Social/Familial Influences

Related to developmental concerns when working with youth, adolescence is said to be a time of increasing independence and therefore a time when peers start to have greater influence, in particular related to initiating sex and engaging in risk taking behavior (Pedlow and Carey 2004). Condom usage (or lack thereof) is related to perceptions of social norms among peers. Pedlow and Carey state that “interventions that address peer norms and peer pressure may be especially important for younger teens” (2004:176). Parents and parent-adolescent communication is a mediator for peer influence and sexual risk taking behavior (Gallegos, et al. 2007; Pedlow and Carey 2004). Parent-child communication appears to be most influential if discussions about sex take place before the child becomes sexually active (Pedlow and Carey 2004). However, parents’ influence depends on their level of sexual knowledge and the manner in which they communicate this information (Blake, et al. 2001; Gallegos, et al. 2007). Interventions need to

incorporate social influences on sexual risk taking, in particular peers and parents (Pedlow and Carey 2004).

2.3.3 Change Over Time

There is little information on how sexual risk-taking behaviors and perception of risk change over time (Fergus, et al. 2007). However, aspects of how experience and interpretation of risk change over time are important for informing appropriate interventions, health messages, and services. Fergus et al. describe this gap in the literature:

One problem with much of the research on sexual risk taking behavior in adolescence and young adulthood is that most studies are cross-sectional and consequently focus either on adolescence or adulthood. Most longitudinal studies included only 2 waves of sexual risk behavior data, assessed sexual risk behavior at only 1 time point, did not include data that spanned both of these developmental periods, investigated an overall mean level of sexual risk behavior across waves, or conducted separate analyses for each wave of data. These studies are insufficient for capturing trajectories of behavior (2007:1096).

This study by Fergus et al. (2007) found that sexual risk-taking “accelerated” during adolescence followed by a period of reduced sexual risk taking in young adulthood. This description is further complicated by racial and gender differences in sexual risk-taking patterns. While boys, in general, were found to be engaging in more sexual risk-taking behavior at time one (9th grade), girls’ sexual risk-taking increased at a faster rate than boys through adolescence. Furthermore, while initially minority adolescents were engaged in more risk-taking behavior through young adulthood, white participants have higher levels of sexual risk behavior than the minority participants after that (Fergus, et al. 2007).

2.4 NEIGHBORHOOD CONTEXT

For the most part, urban poverty research stems from concerns that families struggle to lead healthy and productive lives when faced with

economic constraints and neighborhood problems such as crime, physical decay, and social disorder (Quoted in Roche and Leventhal 2009:819).

A review of neighborhood poverty and adolescent development studies supports that residence in low SES neighborhoods has negative direct and indirect developmental outcomes (McBride Murry, et al. 2011). In general, throughout the entire spectrum of adolescence, the effects of growing up in socially and economically resource poor environments negatively impacts youth (McBride Murry, et al. 2011). However, conflicting results are found across studies and between genders. Explanations for the divergent results include differences in methodology (definition of neighborhood, poverty classifications), the level of inclusion of individual and family level moderating and mediating variables, and a need to further disentangle the differential effects by gender. Suggestions for further research on neighborhood context and development include more emphasis on intra-neighborhood variability, increased use of qualitative and mixed-methods approaches, inclusion of community members' impressions of neighborhood status (for youth feelings of hopelessness are related to sexual risk taking), and identification of strategies of resilience.

We recognize the contribution that ethnographic and qualitative studies offer into describing with greater specificity ways in which neighborhood influences the daily life of parents and adolescents. This methodological approach can identify ways to pinpoint the true effects of neighborhoods on individuals' everyday life experiences, as well as help identify what accounts for successful development of youth growing up in poverty-stricken neighborhoods. (McBride Murry, et al. 2011:124).

A study of neighborhood, family and social processes, and the influence on sexual debut among underperforming urban African American youth confirmed differential dominant pathways by gender (Ramirez-Valles, et al. 2002). This study built on prior work that found two neighborhood features particularly influential for youth sexual behaviors: neighborhood socioeconomic status and social disintegration (Brewster, et al. 1993). Neighborhood SES is a

measure of resource availability and racial composition of collective socialization. Additional measures included parental occupation and education, family structure and pro-social activities (the latter two were additional measures of collective socialization). Neighborhood poverty was a predictor for initiating sex but only for males¹²; neighborhood poverty was not a significant factor for females. This finding was seen to be consistent with the financial deprivation thesis (Wilson 1987) in that a lack of job opportunities and avenues to achieve socially accepted adult roles, boys may seek to achieve status through sex. For boys, age at first intercourse was also predicted by grade point average (GPA), the interaction of time spent with father and whether they resided in a two-parent household, and decision making participation within the household. For girls, age at first intercourse varied based on participation in religious activities, mother's educational level, and time spent with mother. Counter intuitively, girls whose mothers had less than a high school education delayed sex longer than girls whose mothers had higher levels of education. The authors propose that this is related to time spent with mothers in delaying sexual debut. Further, it was suggested that mothers with less education encourage their daughters to prioritize their education in the hopes of a better future. This study indicates that neighborhood factors and social control mechanisms operate differently for adolescent males and females with regard to sexual risk taking (Ramirez-Valles, et al. 2002).

Social and cultural influences on sexual beliefs and mores include parents, peers, teachers, religion, media (books, magazines, music, TV, and movies), and electronic communications (internet and cell phones) (Thomas 2009). Early sexual debut is associated with disengagement and poor performance in school, growing up in poverty, lack of parental monitoring and communication, externalizing behaviors, participation in other high risk

¹² This runs counter to the findings of Averett, Rees, and Argys (2002) that found lowered neighborhood income associated with increased rates of female adolescents engaging in sex.

behaviors, history of sexual abuse, and experiencing puberty earlier than peers (Child Trends 2012a; Child Trends 2012b). It should be noted that Smith et al. (Smith, et al. 2005) provide a broader description for two of these factors: the impact of school should include assessments of “connectedness” as well as performance, and neighborhood should include assessments of social conditions as well as socioeconomic status and ethnicity/racial composition. Delayed initiation of coitus is associated with a close parental relationship, parental monitoring, increased family resources, future oriented perspectives, academic achievement, and religiosity (Child Trends 2012a; Child Trends 2012b).

The relative influence of various sources of social and cultural messages about sexuality varies across the life course. In developed countries, the role of socializing and acculturating children is predominately the responsibility of family and caregivers, and children receive messages from many sources of media (Daniluk 1998). However, during adolescence peer networks become increasingly important and media images of sexuality remains highly significant. While Daniluk (1998) specifies these changes for women, it seems reasonable to assume these would hold true for males as well. The way these messages are evaluated and incorporated into a woman’s sense of her sexual self is dependent on the contrary nature of these messages, their implicit or explicit nature, and the manner and source of their origin (Daniluk 1998).

Crockett (Crockett 1997) explores the ways in which the experience of adolescence in the United States is determined by social and economic conditions, and local context. It is an investigation of the ways that adolescence is generalized and particularized at the same time with implications for health and development. Similar to Schlegel and Barry (1991), there is recognition that the social configuration of adolescence is influenced by social structures and

institutions, as these relate to ascribed versus achieved status, degree of socialization outside the family, relations of property, and characteristics of the economy.

2.5 ART AND DEVELOPMENT

If drawing, talking, gestures, and writing are interchangeable tools for communication, it seems that children inherently decode their experiences in a multi-modal way where body and mind are unified (Kress and van Leeuwen 1996 quoted in (Yenawine 2012).

Yenawine (2012) conducted a review of the literature on the effects of participation in arts-based activities and youth development. Across several studies there is evidence for a transfer of enhanced skills and learning with increased exposure to the arts. Creative activities and academic integration of the arts have been found to enhance academic performance in reading, writing and reasoning; social skills; knowledge seeking, open mindedness, and maturity; and critical thinking. However, how this transfer works is poorly understood. Suggestive of how this operates is that drawing is a universal activity for young children and functions as an early form of communication. At about first grade, children utilize verbal, literary, and art-based modalities of expression and interpretation, with a greater nuance exhibited via drawing and verbal communication than expressed through writing. In addition to art as a form of communication, it is also a way of constructing meaning about previous experiences and connecting new stimuli to what is already known.

The review of the literature also provided evidence of picture superiority; Yenawine (2012: 9) concludes “pictures produce greater recall and deeper level processing than verbal input.” The Dual Coding Theory helps to explain why pictorial representations enhance recall, as verbal stimuli are processed through a linguistic system while visual stimuli are processed by both linguistic and nonlinguistic systems(Yenawine 2012). The linguistic system process

sequential information whereas the non-verbal system processes sensory and spatial information. The information collected by both systems co-construct perception of the visual stimuli (Yenawine 2012).

Yenawine's (2012) review provides the background for her research documenting participant outcomes of involvement in community arts programs as noted by facilitators. Community arts programs generated seven key outcomes: emotional shift, personal growth, empowerment, creative problem solving, increased sense of community, social change, and skill development.

Stuckey and Nobel (Stuckey and Nobel 2010) review the literature on the connection between art and healing. They argue that passive and active participation in the arts improves psychological and physiological states of being. Engagement with the arts has been shown to impact neurological activity, resulting in improved immunological functioning. Increased attention to the role that art can play in improving health and wellness is related to the process of meaning-making amidst diversity due to globalization and a focus on holistic health. The authors identify four modalities of art that are predominately used to enhance health: music, visual arts, movement based, and expressive writing.

Visual arts are a medium through which people could give representation to experiences too difficult to express verbally (Stuckey and Nobel 2010). The process is foundationally one of meaning-making, for example the renegotiation of identity upon a diagnosis of cancer. Some of the reviewed studies demonstrated that participation in an arts program improved clinical and psychological outcomes. Similarly, expressive writing, particularly writing about difficult experiences, has been found to improve mental and physical health. A limitation noted by the authors in their review was that most of the studies were conducted in a hospital setting (Stuckey

and Nobel 2010). Given the social and health synergies between individuals and communities, the authors suggest future work set within a framework of community wellness.

Gallacher and Gallagher (Gallacher and Gallagher 2008) critically examine participatory research with children. Typically, participatory research is equated with “active” participation; the participant is consciously doing something (e.g. writing, photography, dramatic play, drawing). The authors caution that predetermined activities circumscribe potential modalities for expression. Participatory research should not be considered a replacement for ethnography but rather an extension of it. There should be openness to the “saying” as well as the “doing” of children. In contrast to on-task (requested) active participation, the authors’ experiences of research with children found that

some of the most fascinating insights have emerged from children acting in unexpected ways: appropriating, resisting or manipulating our research techniques for their own purposes. Taking an ethnographic approach, our respective projects were able to view such forms of action as potential data, rather than viewing them negatively as instances of non-compliance (Gallacher and Gallagher 2008):508).

Encountering the unsatisfactory view of children as emergent towards the end state of adulthood or as predetermined subjects possessing agency, the authors propose a third option of child as emergent without a predetermined end state with subjectivity continuously produced and reproduced through engagement. In this view we are all—child and adult alike—immature and in the process of becoming.

2.6 MULTI-THEORETICAL FRAMING

The debates and discussions outlined in the review of the literature overlap multiple theoretical perspectives: political economy (Bourgois 1995; Geronimus 1994); see also (Mullings 1995; Mullings 2005)), the experience of social marginalization (Bourgois 1995; Geronimus 1994); see

also (Mullings 1995; Mullings 2005)), construction of phallogentric privilege (Sanday 2007), cross-cultural variation in pre-adolescent and adolescent sexuality (Shostak and Nisa 2000), and the influence of future-oriented prospects on risk taking behavior and their outcomes (Luker 2005; Mullings 1995; Ward 1995). Additionally, the “Sojourner Syndrome” (Mullings 2005) and “Kinscripts” (Stack and Burton 1993) are useful interpretive frameworks for investigating the intersection of race, class, and gender, and the trajectories and interdependence of individual and kin group life courses, respectively.

2.6.1 Political Economy & Social Marginalization

Bougouis (2003) frames the choices of low-income Puerto Ricans living in East Harlem who engage in illegal drug trafficking as a response to economic and racial marginalization. Cultural and gendered markers of identity are consciously and unconsciously constructed in opposition to hegemonic white, middle-class standards. In the past, Puerto Rican males were able to integrate into the labor market in ways that sustained their ideals of masculinity—hard work, sustainable income, and quasi-autonomy—through the specific labor relations of factory work. However, as factories closed or relocated in pursuit of more favorable labor and business conditions, entry level positions available to inner-city men were “poorly paid, highly feminized, office-support service work” (Bougouis 2003:141). Differences in physical appearance, speech, education, and cultural ideals of masculinity, respect, and responsibility resulted in interpersonal interactions in the office environment that further marginalized and humiliated these males. In contrast, drug dealing allowed them to earn money and gain status within the particular socio-cultural insularity of their neighborhoods, and was thus an attractive alternative to legal employment. The reality that their actions harmed others and ultimately themselves cannot be understood without

reference to encounters with the wider labor market constrained by poverty, racism, and conceptions of identity--both gendered and cultural.

Geronimus (1994) proposes a “weathering” theory to explain the higher incidence of early childbearing among poor African American populations. Social, environmental, and epidemiological conditions converge in the lives of African American women living in poverty, producing greater risk for detrimental health conditions that affect overall health and pregnancy outcomes as one ages (e.g. maternal blood lead levels, smoking, hypertension). Infant mortality is lowest among young mothers (15-19) in this subgroup. Teen pregnancy is suggested as an adaptive strategy, albeit not necessarily conscious, for having children during this period of lowest risk, coupled with this being the time when older generations might still be able to provide childcare and practical support before they themselves are limited by disability or illness. As noted by Geronimus, “ethnographic investigation may be an important addition to research in this area, because it is uniquely suited to making accessible unconscious or unstated cultural rationales that may underpin population-specific fertility patterns” (1994:92). Questions to be explored are if—and in what ways—people living in disadvantaged communities perceive of early childrearing as having positive or negative attributes.

2.6.2 Construction of Phallocentric Privilege

Sanday investigates the “values, social expectations, and institutional practices encouraging male sexual aggression” (2007:39) that result in the not-uncommon and ambiguously punished phenomenon of gang rape on college campuses. She concludes that “pulling train” is an act of power to reinforce and solidify male solidarity and dominance over women. Through the act and the discourse surrounding it, a masculine subjectivity is created and altered, which serves to allay existential concerns of social status and sexuality. A result of this phallocentric discourse and

ideology is the creation of the male subject and the female object, resulting in an alienation of women. Sanday notes that gang rape is not exclusive to college fraternities but may occur in any all-male organizations within patriarchal societies: for example athletic teams, gangs, and the military (see Bourgois 2003 for an example gang rape among inner city males). However, not all fraternities or exclusive male clubs undertake or condone gang rape and “anthropologists point out that a multiplicity of gender templates may actually exist and that the major focus of study should be on how gender constructions define everyday events for both sexes” (2007:191). However, these gender templates operate within an overarching gender framework that defines the normative within a society. The dominant gender framework in the U.S. restricts what it means to be female to a bipolar classification of good girl/mother/wife or aggressive/whore/sexual object; any transgression of behavior from what is considered appropriate for females, or that is seen as threatening to male dominance, places one in the denigrated category.

2.6.3 Cross-Cultural Variation in Adolescent Sexuality

Shostak (1981) conducted fieldwork among the !Kung in Botswana and collected one woman’s life story. She learned that sexual “education” started early as families shared a hut and young children are able to observe the sexual activity of their parents. Children imitated their parents, first with children of the same sex and then, as they grow older, with the opposite sex. Peer sexual play involved genital touching and occasionally penetration. Parents are aware of the sexual play: if they come upon it they will discourage the children from this sort of play but what the children do in their mock villages is usually unmonitored. Girls went through a series of trial marriages starting sometime between the ages of 10 and 16 with marital sexual intercourse usually reserved until the girl had her first menarche—around age 16. Shostak notes, “no premium is placed on virginity—indeed, I could not find a word for virginity in the !Kung

language” (1981:118). Separations and divorce are quite common; a woman may marry multiple times over her life course and men take co-wives. Young children are highly sexual as compared to the western assumption that they are asexual, and exposed to sexual scenarios as opposed to shielded. Additionally, the sexual play of children is not compulsorily heterosexual.

2.6.4 Future-Oriented Prospects

Ward (1995) describes the dialogue that creates the “problem” of teen pregnancy and how various organizations attempt to address it. Ward critiques programs developed during the conservative Reagan administration, however parallels may be drawn to similar policy initiatives under G.W. Bush. Ward notes that comprehensive programs directed at teen pregnancy

do not address contraception, abortion, or the sociopsychological roots of pregnancy decisions...none of the programs even mildly alludes to questions of economics, female power, powerlessness, sexuality, or coercion (1995:146).

Ward proposes poverty as a key variable in understanding teen pregnancy, an approach that is corrective of most policy initiatives which search for an independent variable that can be addressed at the individual level (e.g. knowledge, self-esteem, decision making skills, and peer pressure). Poverty does not, in and of itself, explain teen pregnancy, as girls from higher socioeconomic statuses get pregnant and not all girls living in poverty get pregnant. However, girls from middle and upper class families may postpone motherhood in pursuit of continued education and careers, and accomplish this through use of birth control and abortion. Growing up in poverty limits the futures that teens are able to envision for themselves and therefore, becoming a parent at a young age may be valued as a life enhancing option or at least not something that jeopardizes future aspirations. Ward notes the lack of young parents’ voices in the discussions of teen pregnancy and in particular, the idea that they themselves might not view the issue as a problem.

Luker (2005) provides a succinct history of the development of the “teen pregnancy epidemic” discourse and suggests that the labeling of this social problem in the 1970s was linked to concerns over the rise in out-of-wedlock childbearing. She then proceeds to reverse the direction of causality from the traditional assumption that women who have children young are more disadvantaged later in life to recognize that young mothers are more likely to be poor to begin with. Youth at highest risk of pregnancy are those living in poverty and underperforming academically. Poorer health outcomes for young mothers and their babies are related to economic conditions rather than the age of the mother. Within the context of social and educational marginalization prior to pregnancy, it is suggested that girls are not incentivized to actively prevent pregnancy to safeguard future ambitions, nor is it appropriate to always assume the pregnancies are planned; girls may “drift” into pregnancy when few other options exist. Therefore, policies and programs aimed at reducing teen pregnancy may be disconnected from the needs and desires of these marginalized youth. Ultimately, for Luker, addressing teen parenting means providing disenfranchised youth with a wider array of future prospects and personal fulfillment.

2.6.5 “Sojourner Syndrome”

Mullings’s and Wali’s (2001) proposal of the Sojourner Syndrome is an outgrowth of their work on The Harlem Birth Right Project (Mullings, et al. 2001), which investigated women’s perceptions of stress and strain, and the impacts on health outcomes¹³ (Mullings 2005; Mullings, et al. 2001). The Sojourner Syndrome weaves together two important dimensions of the findings: intersectionality and transformative work (see Mullings 1995 for a discussion of transformative work). Intersectionality is a focus on the ways that social hierarchies—based on

¹³ Specifically, the research was focused on understanding poorer birth outcomes for African American women irrespective of socioeconomic status (Mullings and Wali 2001).

gender, race, class, age, sexual orientation—interact and simultaneously contribute to the lived experience. It is recognition that social hierarchies and systems of power are not grounded in an individual body but created in the social. While not based in biology, the resulting practices of discrimination and inequality have both psychological and physical effects. Transformative work includes the ways people¹⁴ resist oppression and act to ensure continuity for their families.

Strategies were individual and collective in nature and ranged from engaging in multiple sources of income, participating in support networks, and advocating for policy change and improved services. The Sojourner Syndrome identifies structural limitations and personal agency. It also recognizes the multiple responsibilities that African American women must undertake to support families and the ways in which these roles place them at odds with normative proscriptions for appropriate femininity. An interesting finding from the work in Harlem was that people will purposefully expose themselves to added stressors in order to obtain some other type of benefit for instance, middle class African Americans chose to live in the neglected space of Harlem in exchange for the supportive aspects of living in an all black neighborhood (Mullings 2005; Mullings, et al. 2001).

2.6.6 “Kinscripts”

Based on their extensive research on multi-generational African American families across the US, Stack and Burton propose the Kinscript framework for analyzing and interpreting qualitative family studies (Stack and Burton 1993). The approach integrates a life course perspective and kin studies: “combining a focus on kinship with the life course perspective offers a more comprehensive view of the interlocking pathways of families as members influencing one another’s life choices” (Stack and Burton 1993:158). All families move through a family life course that involves stages with associated roles and responsibilities such as having children,

¹⁴ For Mullings this is specifically African American women.

child-rearing, entering the work force, marriage, and leaving home. The expected timing, or social script, for these events is influenced by historical context and current social norms; however, a family's own expectations for the timing of these events may or may not be in congruence with the hegemonic. Burton's work has been specifically focused on the timing of child bearing (which is causal for entry of others into the life stages of grandmother and great grandmother, and their associated kin roles) and whether these births were considered age appropriate (on time) or age inappropriate (off time) (Burton 1996). For some families early childbearing, in the mid-teen years, was considered age appropriate and resulted in little family stress, whereas for other families, early childbearing was age inappropriate and caused stressful transitions into new kin roles before expected (Burton 1996). Kinscripts utilizes the domains of kin-work, kin-time, and kinscription to explore how individuals and families negotiated interdependent trajectories (Stack and Burton 1993). Kin-work consists of the activities involved in continuity of the kin lineage and networks, or family obligations. Kin-time represents families' expectations for the order and timing of transitions in the family life course and the associated transitions in role expectations. Lastly, kinscription is the process of recruiting members into kin-work, reflecting the needs of kin-time. A Kinscripts approach explicitly takes into consideration that individuals will not always conform to family scripts and is therefore a useful approach for investigating tensions, negotiations, and the influence of outside stressors.

2.6.7 Theories of Sex(uality)

...[W]hether a [person] experiences an encounter as sexual or not is very dependent on the meaning [they] ascribes to the encounter. This meaning will vary based on the situation, [their] expectations of [themselves] and others, [their] particular life circumstances, and [their] respective beliefs, needs, and desires (Daniluk 1998:8).

In line with nature versus nurture as an underlying distinction between Freud's and Watson's positions, there are two main theoretical paradigms in the study of sex: essentialism and constructionism (Harding 2003; Moore and Rosenthal 2006). While neither one represents a singular, specific approach to researching sexuality, some underlying assumptions can be outlined. Harding describes essentialism as "the belief that sexuality is purely a natural phenomenon, outside of culture and society, made up of fixed and inherent drives, and that nature and these drives dictate our sexual identities" (2003:6-7). Constructionism is "the belief that sexuality has no inherent essence but must be understood as a configuration of cultural meanings which are themselves generated within matrices of social (power) relations" (Harding 2003:7). Each paradigm is detailed more fully below.

Essentialists look to the individual as the unit of study (Harding 2003). This is the site of the biological urges as well as where social control is manifest in repressions. The focus is on hormones, genes, evolutionary drives for reproduction and survival of the species, and psychosexual development (Moore and Rosenthal 2006). Sexuality is driven by biology necessitating regulation through cultural constraints; the socio-cultural response may be viewed as civilizing (controlling animalistic impulses) or contaminating (creating sexual inhibitions) (Harding 2003). The study of sex was brought under the rubric of objective science. While some investigations sought to describe the wide range of sexual behaviors in populations, thus reconfiguring the category of what was considered normal, many studies were premised on the belief that men and women were fundamentally different and referenced a heterosexual normativity that privileges men (Harding 2003).

Challenges to essentialism have come from many fronts but all question the belief that the sex drive (libido) is universal (Harding 2003). At issue are the ways in which sex(uality) and

the study of sex are historically and culturally constructed, and the ways in which “facts” based on “nature” are used to justify social relations and serve to legitimate inequalities. Criticism has arisen from within the scientific community as well; studies have found that biological attributes account for only 3-5% of the variation in adolescent sexuality (Moore and Rosenthal 2006).

Constructionism is influenced by the work of Foucault and highlights the creation of knowledge within relations of power (Harding 2003; Moore and Rosenthal 2006). Within each culture there are dominant sexual scripts that serve to guide beliefs and behaviors, but subaltern scripts are also present. The act of labeling healthy from unhealthy, normal versus abnormal serves a regulatory function that upholds the very categories created. An important corollary was the decoupling of sex and gender, a denaturalization of what women and men were supposed to be. Within this paradigm it is the meanings given to sex that are important, and these meanings are situated in specific historical and cultural contexts. Sexuality is not fixed but transitional and functions as both a noun and a verb (Daniluk 1998).

Researchers ascribing to essentialist or constructivist perspectives do not deny the influence of one on the other and the interactions between them. However, it is the relative weight given to nature or nurture and the respective positions on absolute versus relative truth that distinguishes the two. Moore and Rosenthal (2006) advocate for theory that is developed directly from the life experiences and perceptions of teenagers themselves with caution given to the perils of attempting to generalize too broadly for any individual (due to maturation and experiential changes) or across various socio-demographic characteristics. It is important to recognize that adolescents might view “risk” differently than adults, and that not all adolescents are engaging in “risk” behavior. There is a need to better understand what contributes to positive sexual development, as well as how perceptions of “risk” vary over time and between groups.

Following Daniluk (1998), this work invokes an interactionist perspective that simultaneously recognizes the fluidity of the individual (biologically and psychologically) and the environment (natural and social) and their co-evolution across time and context.

In addition to the two theoretical perspectives outlined above, several models of health behaviors have been utilized to address public health concerns related to sex: the Health Belief Model and the Theory of Planned Behavior (Moore and Rosenthal 2006). There has been limited success in applying these models to sexual behavior due to interpersonal negotiation of safe sex, the intense emotional states inherent in the situation, and the context of the encounter (Moore and Rosenthal 2006). Individual, rational models are not predictive of sexual behaviors.

2.7 LITERATURE REVIEW CONCLUSION

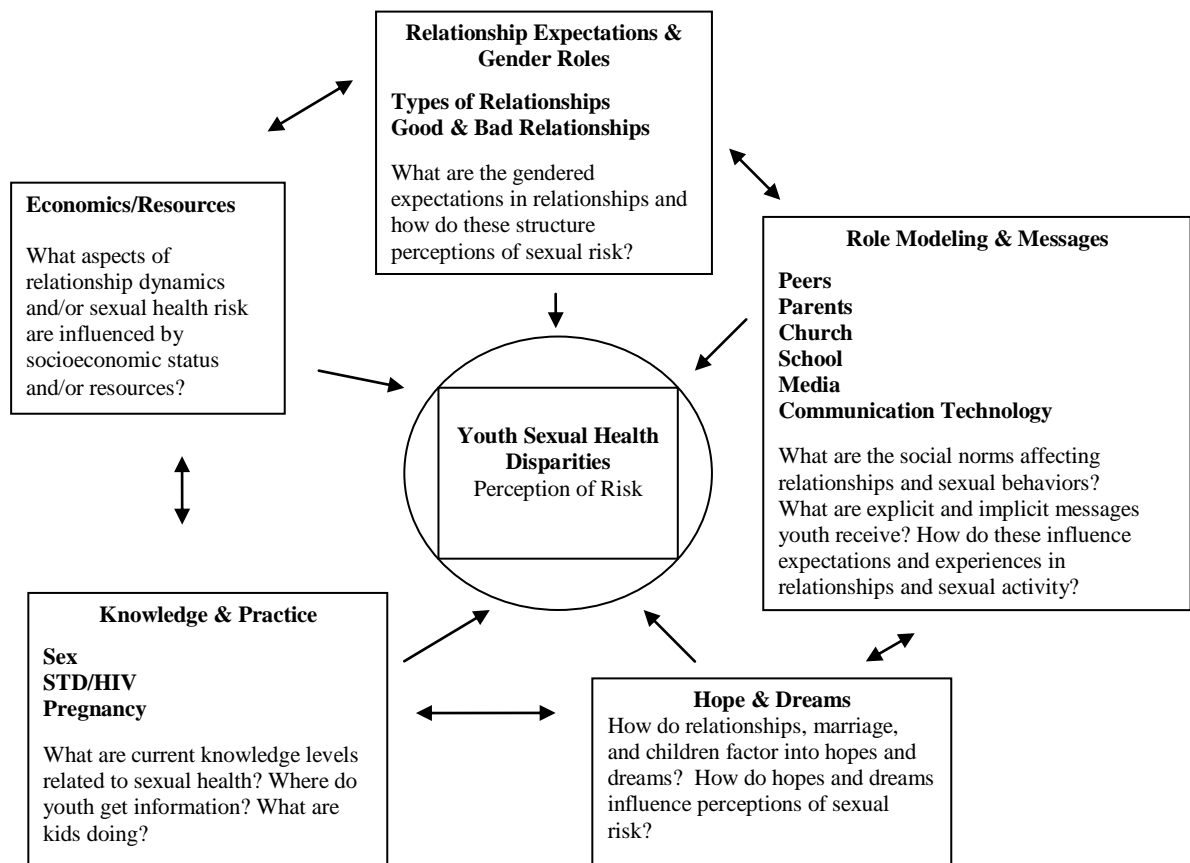
The literature identifies several gaps in our understanding of adolescents and their sexuality. Research is needed into the components and trajectory of positive youth sexual development. There is little research on how pre-pubertal youth give meaning to their sexual experiences and feelings, and how these processes may be gendered. There is acknowledgement that in order to understand patterns of sexual health the focus of research needs to shift from behaviors to meanings (Russell 2005). Furthermore, contemporary sexual experience is increasingly undertaken with romantic relationships; therefore, it is important to incorporate the construction and expectations of adolescent relationships (Russell 2005). Lastly, investigations of adolescent sexuality and relationships need to extend beyond the confined scope of adult conceptualizations and interpretations to include a co-learning experience with the youth themselves.

Additionally, the concept of risk was reoriented from a static view of the adoption or non-adoption of potentially harmful behavior to an exploration of the benefits and meanings created

by voluntary risk taking. This reframing necessitates that investigations of risk include the symbolic, creative, and social dimensions that are “performed” through such undertakings. The foregrounding of the social nature of risk challenges the objective and discrete nature of risk as framed by biomedicine and instead positions risk as subjective and contingent. Importantly, relations of economics and power influence the potential outlets for risk taking and the capital conferred by participation.

Developmental considerations reinforce the complexity of the adolescent experience and the multiple domains that variably influence it. The constructions of sexuality and risk manifest differently by age, gender, social relations, and neighborhood contexts. The challenge is to design a study that adequately includes these variables across the span of micro, median, and macro levels. A multi-level design presents even more challenges when working with youth; one suggestion discussed is to utilize an arts-based methodology. A multi-theoretical perspective was used to guide inquiry including political economy, gender studies, marginalization/subaltern, future perspectives, and intersectionality, all of which address relations of power. The Sojourner Syndrome focuses attention on both the restrictive and transformational aspects of marginalization and Kinscripts highlights interlocking trajectories. Figure 1 was developed as a conceptual model to guide the research to include the multitude of ecological levels and theories discussed.

Figure 1: Unpacking Youth Sexual Health Disparities



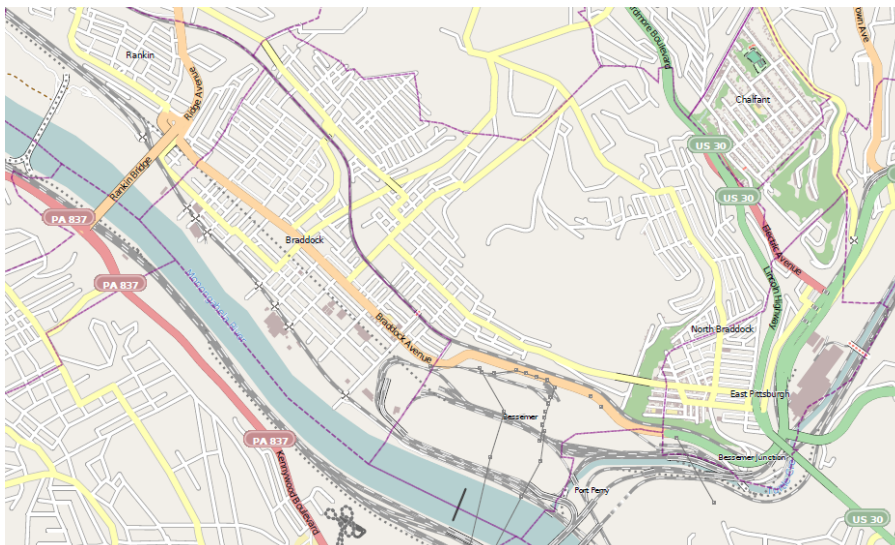
At the center of diagram is the principal research question: how do marginalized adolescents conceptualize relationship and sexual risk? The research included both relationship and sexual risk in response to the literature that the context and gender dynamics of relationships need to be explored and to inquire about the pre-sexual self. Investigation of variation in perception of risk by age and gender was addressed by the inclusion of boys and girls in the study across two age cohorts (10-13 and 14-18). The outside boxes, while graphically represented as bounded concepts, are in reality inseparable from each other as represented by the arrows; they are co-constitutive. A description of where the research was conducted is presented in Chapter 3 followed by details of the research sample and methodology in Chapter 4.

3.0 CHAPTER 3: RESEARCH SETTING AND CONTEXT

This is My Fox Chapel
(Woman at a community meeting).

The quote above makes specific reference to a wealthy community just outside Pittsburgh, PA in comparison to the impoverished state of her neighborhood. This was said at a Partnership for a Caring Community (PCC) meeting as they discussed planting flowers along the roads to beautify the area. Research for this project was originally proposed to take place at a subsidized housing community in East Pittsburgh, PA. However, due to site renovations, the project was expanded to include the adjacent borough of Braddock and nearby communities (see Figure 2). Braddock is located 6.3 miles southeast of Pittsburgh, PA in Allegheny County and will be discussed in detail.

Figure 2: Map of Braddock, PA (Source: © OpenStreetMap contributors, (OpenStreetMap 2013))



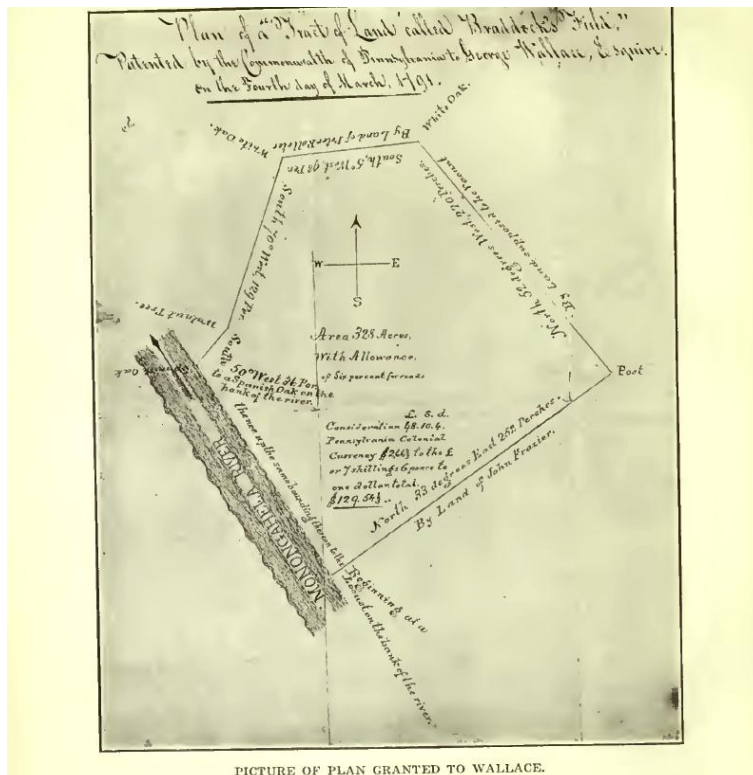
3.1 HISTORICAL INFORMATION

Braddock is named for British General Edward Braddock, who was defeated there by French troops in 1755 at the start of the French and Indian War (Lamb and Braddock Pa History Committee 1917; Wikipedia 2012). The first white settlement west of the Allegheny Mountains, Braddock was established in 1742 by John Frazier and family on Lenape land ruled by Queen Alliquippa (Lamb and Braddock Pa History Committee 1917). Land ownership as of 1791 is shown in Figure 3. Braddock was incorporated as a Borough of Allegheny County in 1867 (Lamb and Braddock Pa History Committee 1917).

The first of Andrew Carnegie's steel mills broke ground in 1873 and was the impetus for community development and growth for almost 100 years (PopTech 2009; Wikipedia 2012). The opening of the mill coincided with a prosperous epoch in American history following the end of the Civil War, and western Pennsylvania became the "coal and iron center of the country" (Lamb and Braddock Pa History Committee 1917):96). Cheap labor combined with industrial innovations resulted in the mill clearing over \$2.5 million by 1881 (Lamb and Braddock Pa History Committee 1917). Union dissatisfaction with proposed labor relations changes (e.g. 12 hour work day) resulted in a strike during the early part of 1888; resolution of the strike favored management and diminished the union presence at the mill. The first of Carnegie's libraries was opened in Braddock in 1889, which was not a municipal library but instead governed by officials from the steel company (Carnegie Library of Pittsburgh 2012). The Historical Committee noted in 1917 that the region's economic success was completely dependent on the steel industry and all who sought employment could find it. Prophetically, they wrote "many

believe it would be well to make a systematic and persistent community effort to secure a greater diversity of industries” (1917:44). Many single young men who had completed their army service came to work in the mills. The social and economic topography of Braddock, North Braddock, and Rankin were all the same except administratively (Lamb and Braddock Pa History Committee 1917), and the region was connected more broadly via roads, rail, and the river. Since a population high of over 20,000 people in the 1920s (Figure 4), the borough has experienced a population decline of around 90% due to the decline of the steel industry starting in the 1970s. The 2010 census reported a population of 2,159 people with almost one-third of the population age 19 and younger. Braddock has also experienced a corresponding loss of 90% of buildings due to abandonment and neglect, and the area is almost devoid of businesses (see Table 3).

Figure 3: Plan Granted to Wallace 1791 (Source: (Lamb and Braddock Pa History Committee 1917))



PICTURE OF PLAN GRANTED TO WALLACE.

Table 3: Braddock Businesses (source: (PopTech 2009)

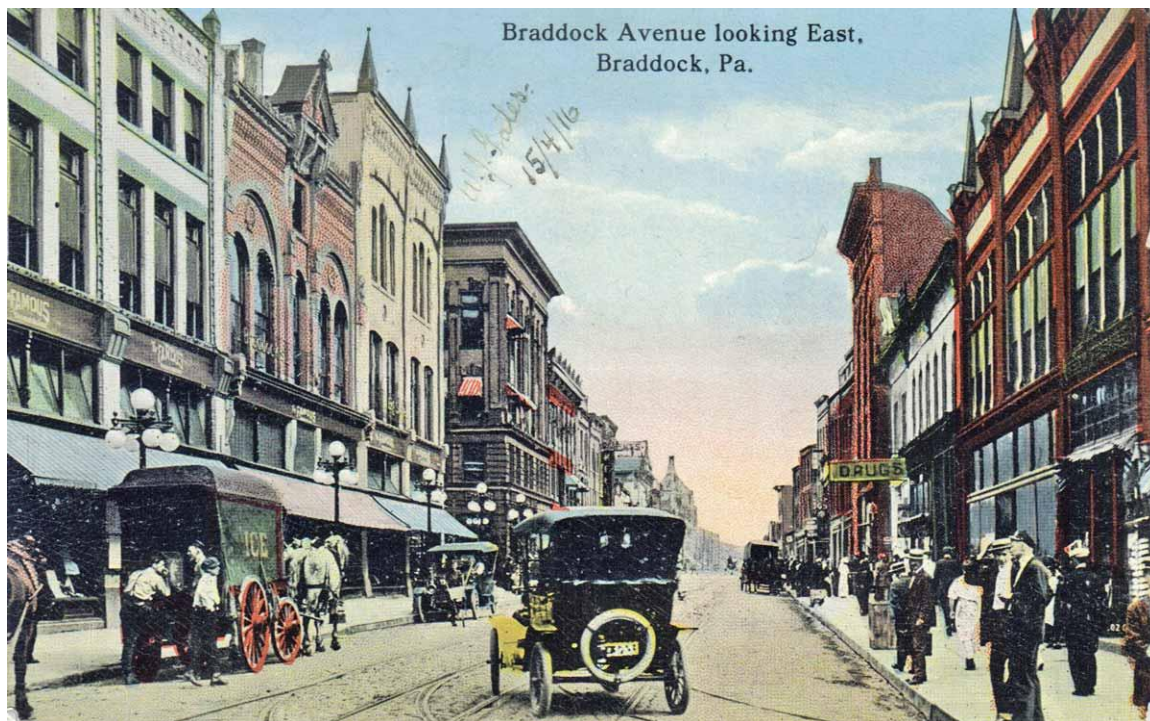
1929 Buisness Directory	Businesses as of 2009
30 Tailors	0
25 Shoe Stores	0
5 Banks	0
3 Newspapers	0
53 Restaurants	0
9 Department Stores	0
14 Furniture Stores	0

Figure 4: Historic Braddock: 1908-1929

(from: (USGenWeb 2012)and some found in The Heritage Building)



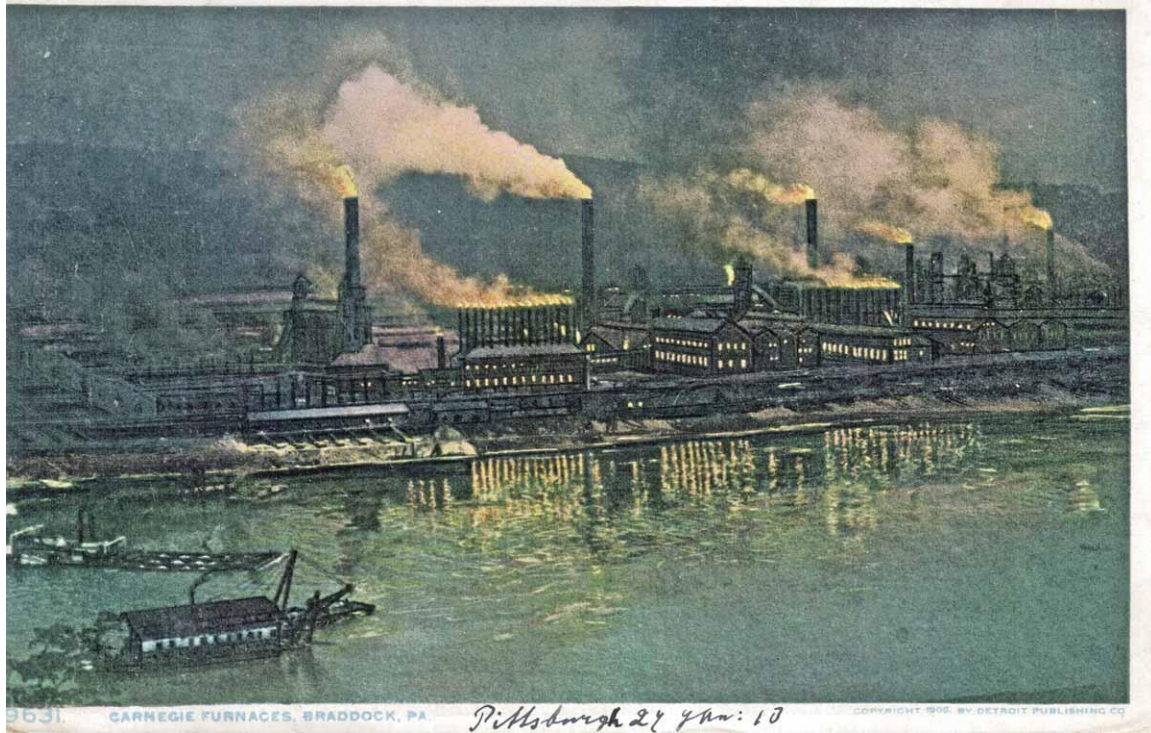
B & O Station ca. 1926



Braddock Ave. (looking east) ca. 1916



Braddock Ave. (looking west) ca. 1929



Carnegie Furnaces ca. 1910



Schwabs Residence ca. 1910



Braddock Hospital ca. 1908

3.2 CURRENT SETTING

The effects of the decline of the steel industry coupled with the emergence of the crack cocaine epidemic resulted in Braddock becoming the poorest community in Allegheny County (PopTech 2009; Wikipedia 2012). In 1988, Braddock was declared a financially distressed municipality. The median sale price for a house or condo in 2009 was \$38,000 dollars, and the median household income was \$21,042 (City-data.com 2012). The median household income for Pennsylvania was \$49,520, and for the U.S. it was \$49,777 (City-data.com 2012; United States Census Bureau 2010). In 2009, 41.7% of the residents were living in poverty compared to 12.5% in the state of Pennsylvania, with 13.5% living in extreme poverty (below 50% of the poverty level) as compared to 5.5% of state residents (City-data.com 2012). Most strikingly, 60.8% of children living in Braddock are living in poverty compared to 16.8% statewide (City-data.com 2012). The unemployment rate in 2000 for African-American men and women living

in Braddock was 18.3% and 17.4% respectively¹⁵ (for Caucasian men and women it was 14.5% and 4%) (City-data.com 2012)). Racial composition for three adjacent communities is presented in Table 4.

Table 4: Racial/Ethnic Composition of Braddock, North Braddock, and East Pittsburgh (source: U.S. 2010 Census)

Racial Classification	Braddock (%)	North Braddock (%)	East Pittsburgh (%)
White	22.9	51.2	48.8
African American	72.7	44.9	45.4
Mixed	2.4	3.4	4.8
Latino	1.9	1.3	2.5

Native American,
Asian, Other

Each category <1

Each category <1

Each category <1

The mayor of Braddock has implemented a two tiered plan for revitalization: engage the current residents, and bring in ideas and people from outside. Actions toward the first objective include renovating an abandoned church as a community center, providing youth with opportunities through the Braddock Youth Employment Program, reopening parks and playgrounds, increased policing, and encouraging development of “green” businesses and the arts (PopTech 2009). Towards the second objective, spaces have been converted into galleries and art studios to promote Braddock as a destination for both recreation (art exhibits) and work. An inspiring example of the intersection of art and community taking place in Braddock is Transformazium (Transformasium 2012). One of Transformazium’s projects, Points of Interest, brought in muralists to create art in spaces identified by residents as neglected (see

<http://transformazium.org/>). Additionally, Braddock Farms has converted abandoned lots into

¹⁵ I would estimate that this is in fact even higher now because of the closing of the area hospital, the boroughs largest employer. The hospital employed approximately 600 people, 80 of them local residents. A CNNMoney story chronicles the impact on the local community of the hospital closing (CNN Money

2011. A Pennsylvania Town on the Brink. Retrieved January 4, 2013, from http://www.youtube.com/watch?v=hr8UACH0JPY&feature=player_embedded. Of further impact has been the economic recession of the last few years.

urban gardens and sells the produce within the community and to local restaurants. To attract new residents, Braddock advertises the incredibly affordable housing that is available.

Currently, Braddock is the focus of a national Levi's "Ready to Work" advertising campaign. As part of the partnership Levi's is providing funding for refurbishing the church for the community center and supporting the urban farm and library (Levi Strauss & Co. 2010). The mayor estimates that the partnership will generate between \$1.5 and \$2 million for community projects (CNN Money 2011). The comments people have posted in response to these Braddock ads express dismay at large corporations profiteering from poverty and urban decay, which they themselves helped to create by international outsourcing. The posts convey the dissatisfaction with money for a community center and subsidized produce, and would instead like to see real commitment in the form of sustainable employment.

A huge social, political, and economic impact on the community was the decision to close the UPMC Braddock Hospital in 2010. The timing of the closure paralleled the initiation of this research project, and the old site of the hospital can be seen in Figure 5. The closing of the hospital not only affected health care access but also eliminated the only ATM and sit down restaurant in Braddock. Objections to the closing were voiced to the U.S. Department of Health and Human Services as a violation of Title VI of the Civil Rights Act of 1964, because the closing burdened African Americans in the community who rely on public transportation. Bus lines accessing alternative care centers required transfers and were therefore time-consuming and difficult. Through their obligations outlined in the legal settlement, UPMC maintains Steps to A Healthy Community in Braddock, provides medical transportation to other facilities, and supplements extended hour care provided at the Braddock Family Health Center. However, UPMC is required to provide these services for only three years which, will be expiring this year.

UPMC's program Steps to A Healthy Community, that is still providing community outreach services in Braddock, published a guide to alternative medical resources for residents of the Braddock Hospital catchment area (UPMC 2012).

Figure 5: Braddock Hospital Today



Recently, it was announced that a 5,000 square foot MedExpress will be opened on the old hospital site in partnership with Highmark (Schooley 2012). In addition to MedExpress, the construction will include office and retail spaces.

Braddock, North Braddock, Rankin, and East Pittsburgh are several of the communities within The Woodland Hills School District (WHSD). WHSD was ranked 479 out of 498 among school districts in Pennsylvania in 2010 (Pittsburgh Business Times 2010). An overwhelming 93 percent of children attending Fairless elementary school, located in Braddock, are classified as living in poverty (personal communication 2012). Other options in the area include Good Shepard Catholic School (K-8) and Propel charter schools.

Braddock, PA is characterized by multiple types of marginalization: high levels of poverty and unemployment, deteriorating infrastructure, lack of local businesses, limited health care services, and a challenged educational system. This dissertation explores the ways in which marginalization affects adolescent sexual health and the meanings of risk-taking for youths living in this community. Relevant to the research presented here, during 1995 to 2000 while the

overall trend in the U.S. was a decline in adolescent birth rates, Braddock witnessed a substantial increase (Deitrick, et al. 2008; Ventura and Hamilton 2011).

4.0 CHAPTER 4: METHODOLOGY

4.1 COMMUNITY INVOLVEMENT

The focus of this project was developed through ongoing community engagement and partnership with residents of a housing community in Allegheny County, Pennsylvania. Having identified youth relationships and sexual health as critical health issues, collaboration was established between University of Pittsburgh academics and residents of the housing community. The team applied for and received funding to develop an understanding of what issues the youth of the community face and what influences relationship decision making, to inform development of a program to address adolescent healthy relationships and sexual health. A community research advisory board (CAB) was established that consisted of three community members and two university researchers. The CAB reviewed and provided direct input on research design, recruitment, implementation, analysis, interpretation, and dissemination of results.

4.2 METHODS

The primary data collection methods for this project were qualitative in nature and include participant observation (Bernard 2002; DeWalt and DeWalt 2011), semi-structured interviews (Bernard 2002), discussions with adult female residents, and an arts-based participatory data collection method (Yonas, et al. 2009). The sample included youth ages 10-18 and their parents who consented to participate and are affiliated with East Pittsburgh, Braddock, Rankin, and

North Braddock¹⁶. A casebook, presented in Appendix 1, details participants' ages and genders by methodology. The youth age range of 10-18 was selected to pair an appropriate methodology with developmental considerations. In-depth interviews were selected to solicit rich contextual data but may not be appropriate to seek information from the younger age set (10-13 year olds) related to relationships and sexual health. Therefore the age set of 14-18 year olds was interviewed while the younger age cohort (10-13 years old) participated in topically driven art projects. For interview recruitment, qualitative nonprobability, snowball sampling (Bernard 2002) was employed with two "seed" key informants. Utilizing two seed informants reduced bias in the sample by preventing inclusion of only one social network at the expense of accounting for community variation. The arts-based method recruitment included word-of-mouth with the help of well respected community members and local service providers. All research activities were reviewed and approved by the University of Pittsburgh Institutional Review Board number PRO09110540.

Participant observation "is a method in which a researcher takes part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning the explicit and tacit aspects of their life routines and their culture" (DeWalt and DeWalt 2002:1). In addition to the schedule of research activities, time was spent at the research sites "hanging out" and participating in various community activities. Time was spent in the community conducting art projects with youth, visiting, helping with community event days, attending Partnership for a Caring Community (PCC) meetings and a residence council meeting. Participant observation opportunities in the community yielded valuable insight into the life-worlds of community members and enriched and expanded research data gathering and

¹⁶ There was residential mobility for many of the participants over the course of the research. Participants were affiliated with one or more of these neighborhoods as well as movement between these neighborhoods and nearby communities.

interpretation (DeWalt and DeWalt 2011). Fieldnotes were taken throughout the participant observation experience, entered into the qualitative data analysis program NVivo, v.8 and incorporated into the thematic coding.

Semi-Structured Interviews were designed to inform on three key domains: types of intimate intergender relationships, initiating sex, and concerns related to sex. The interview guides are given in Appendix 2 and 3. The interviews were stratified into adult parents, boys age 14-18, and girls age 14-18. The age bracket of 14-18 was selected as this group has a greater probability of having experienced directly or indirectly issues related to relationships and sexual activity. Open ended questions and associated probes addressed, for example, what it was like when youth start dating, what girls look for in boyfriends, what boys look for in girlfriends, social expectations for initiating sex, and perceptions of teenage motherhood. A related set of questions asked whether adults perceive social norms as similar or different for youth today compared to when they were growing up and in what manner.

In total 13 interviews were completed (girls n=5, and boys n=8), when data saturation had occurred. All interviewees were compensated for their time with a \$25 wepay card. Length of the interviews ranged from 18 minutes to almost an hour and 45 minutes. In general adolescent female interviews were longer than the adolescent boys. Bernard (2002) has noted the tendency for boys to exaggerate and girls to under report when it comes to research about sex. Overall, girls did tend to report not having direct experience related to interview questions but were able to answer when prompted to describe what things are like for kids their age. However, boys did not tend to brag about sexual activity except for one.

All interviews were audio recorded and transcribed. Transcripts from the interviews were iteratively reviewed and thematically coded (Bernard 2002). Text segments were coded

according to themes based on the initial areas of inquiry (e.g. gender roles in relationships, personal aspirations related to relationships) and emergent themes and relationships (Bernard 2002). The qualitative data management program software NVivo, v.8 was used for all coding. Free nodes were used to capture the deductive codes of content analysis following the semi-structured interview guide questions. Tree nodes reflected inductive themes as they emerged in analysis. All segments of text addressing specific thematic areas were then indexed under a common theme heading. Those identified segments of text were then reviewed and synthesized. Analysis of the interviews included comparisons between male and female youth responses to investigate whether and how responses vary by gender.

In addition to the 13 adolescent interviews, discussions were held with four adult females who were both directly (as mothers and grandmothers) and indirectly (as their children interacted with other youth in the community) involved with adolescents in the community. These women were considered stakeholders in that they advanced concerns related to adolescent sexual behavior and wanted to advocate on behalf of the adolescents in the community. Discussions centered around the same topical themes as the adolescent interviews and probed for additional insight into the ways context impacts both the meanings and behaviors of the youth related to relationships and engaging in sex acts. These discussions were recorded, transcribed, and analyzed for thematic content using NVivo 8 in a similar manner to the adolescent interviews.

An arts-based participatory data collection approach has been identified as a fun, developmentally appropriate way to engage youth in research (Bagnoli 2009; Yonas et al. 2010)(Bagnoli 2009; Yonas, et al. 2009). Yonas et al. assessed the current state of youth inclusion in research, “more than two decades have passed since Delgado argued that youth should play a larger role in social science research and since then little progress has been made

towards including youth as key health research partners“ (2010:). One approach, called Visual Voices (VV), is an arts-based methodology that uses multiple sessions to address a focal area (Yonas, et al. 2009). As noted by Bagnoli,

our daily experience is made of a multiplicity of dimensions, which include the visual and the sensory, and which are worthy of investigation but cannot always be easily expressed in words, since not all knowledge is reducible to language (Eisner, 2008). The inclusion of non-linguistic dimensions in research, which rely on other expressive possibilities, may allow us to access and represent different levels of experience (Bagnoli 2009:547).

Similarly, research that augmented focus group data with Photovoice (a participatory visual data collection technique) found that the inclusion of visual data provided more in-depth information and information not previously solicited through interviews or focus groups (Cooper and Yarbrough 2010).

The process was used to explore peer and social norms related to relationships and sexual health. This method addresses several of the principles of Community Based Participatory Research (CBPR) and is used to extend the partnership approach to collaborating with young people (Bagnoli 2009; Israel, et al. 1998; Yonas, et al. 2009). The activities facilitate collaborative and equitable involvement of all partners. Furthermore, the multiple sessions build relationship and trust, not only between researchers and participants, but also as a way to encourage participant investment in the research process.

Each session consists of a general overview discussion, followed by an art activity and ends with a group “critique” or discussion of participants’ artwork (Yonas, et al. 2009). During the general overview topics from any prior sessions were revisited and the session topics for that day introduced. Participants were then instructed to paint or draw whatever they envisioned related to the daily topic(s). Youth worked independently or collaborated to generate as many

pieces related to the topic as time allowed. The art activity was followed by a group critique where participants were asked to volunteer to display their creations to the group. The group was asked to comment on the artistic styles of the piece, the content, and then the artist was given the opportunity to describe/explain his/her work. Thus, the group critique provided a forum for group reflection. The group critiques are conceptually similar to focus groups in that they are facilitated by the researcher to generate in-depth discussion around a focal area. Youth ages 10-13 (girls n=7, boys n=13) participated in a series of sessions guided by the topics of ‘their hopes and dreams for the future, ideas of good and bad relationships, appropriate behavior for girls and boys in relationships, what boys and girls want in relationships, and ideas for what would be good for youth to hear about relationships.’

There were two clusters of VV participants. The first group was mixed gender (girls=5, and boys=5) who met one time for four hours in the gym at the Braddock Library (see Figure 6). Recruitment for this group was through the Braddock Summer Camp. The director of the summer camp informed families with children between 10 and 13 about the project and gave them contact information if interested in participating. While VV is ideally spread over multiple sessions, this first group was scheduled for one extensive session as community partners advised this would facilitate recruitment and ease for participants. The painting topics covered were “perfect relationship,” “bad relationship,” and “what boys and girls want in relationships,” followed by a writing and drawing segment that included “hopes and dreams,” and a triangulation of “good vs. bad relationships.” The final group discussion covered where kids their age hear messages about relationships. An additional source of data from this session was an impromptu small group discussion among the boys with Dr. Yonas in which they shared their ideas about relationships and male roles in relationships. Participants were compensated \$25 at

the end of the session. Several limitations were noted for this first VV session. Primarily, the one-time session limited both the ability to follow up with participants to expand on information generated as well as the building of rapport with the youth. Also, the group self-segregated by gender with the girls working slowly and quietly on one side of the tarp while on the other side (see Figure 6) the boys were expedient and quite verbose. Facilitators at this session included myself, Dr. Jessica Burke, and Dr. Michael Yonas.

Figure 6: At Work during VV



Due to these limitations, a second VV group was recruited with the explicit intent to separate groups by gender and to meet over multiple sessions ($n=3$ per gender). Recruitment for the second cluster of VV participants was through the Goodwill mentoring program for eligible youth ages 10-13. The girls ($n=2$) and boys ($n=8$) met every other Saturday for three Saturdays. Each session was approximately an hour and a half. Participants were compensated \$15 per session at the end of each session attended. The topics covered in the first VV cluster were repeated during the second round to facilitate consolidation of data. Two new topics were incorporated that included “what advice would you give boys/girls about relationships” and “if you were to design a program for youth on relationships what would it include.” The purpose for including these new items was to actively try and bridge the divide between research and practice from the perspective of the youth themselves. Facilitators at these sessions varied but

always included myself and at least one other student in the Master of Public Health, Department of Behavioral and Community Health Sciences program at the University of Pittsburgh.

As with the interviews, it is speculated that the unequal participation by gender may reflect parental biases in allowing boys versus girls to participate in activities related to relationships and sex. The woman helping with recruitment from Goodwill expressed frustration with the lack of response from parents of girls. She noted that one mother declined to participate as she felt her daughter was too young to have any knowledge of relationships—she was not into those kinds of things. There were several strengths to the second cluster of VV: separating by gender did seem to generate greater comfort among the girls with a corresponding increase in sharing, and multiple sessions allowed for a revisiting of topics from prior sessions as well as increased rapport and group solidarity.

In addition to the process outlined above—overview, art activity, and group critique—one further avenue for data collection was used to strengthen both the content and scope of findings: one-on-one discussions of art pieces between participant and facilitator. A facilitator probed for the “story” behind each piece. The purpose of this addition to the methodology was to address three potential gaps: allow 1) give each participant a “voice” as not everyone will have the opportunity or desire to share their piece in the group critique, 2) probe to further expand upon aspects of the piece related to the session topic as envisioned by the artist, and 3) generate a textual accompaniment to each piece to facilitate detail retention that might otherwise be lost due to the length of time involved in analysis. Therefore, all pieces have a personal reflection component and some pieces also have group critique discussion content.

Data from Visual Voices generated across multiple types of mediums and therefore data analysis involved a triangulation of audio recordings, artwork, interpretive stories, and

photographs (Yonas, et al. 2009). Data generated during arts-based sessions were analyzed using a multi-step process:

- Records of personal artistic interpretations and group critiques were transcribed. The content was coded for thematic constructs driven by the participant generated data and is consistent with traditional interview and focus group analysis (Bernard 2000).
- All creative pieces were converted into an electronic format so they could be uploaded into the data analysis software (NVIVO 8): paintings were photographed, and writings and drawings scanned.
- Artwork and text were cross referenced to link textual segments with corresponding visual representation. Figure 7 is an example from a session on Safe/Not Safe with youth in Pittsburgh.
- Both art and text were thematically coded (Bernard 2002). Figure 8 is an example of a coded painting from session on Safe/Not Safe with youth in Baltimore.

Figure 7: Painting and Corresponding Group Critique (Yonas, et al. 2009)

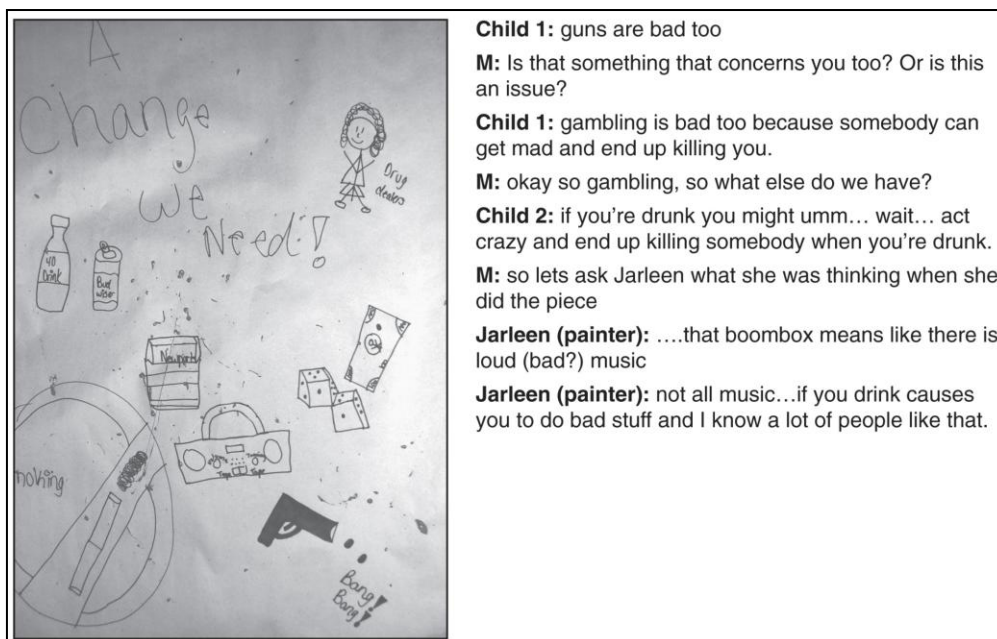
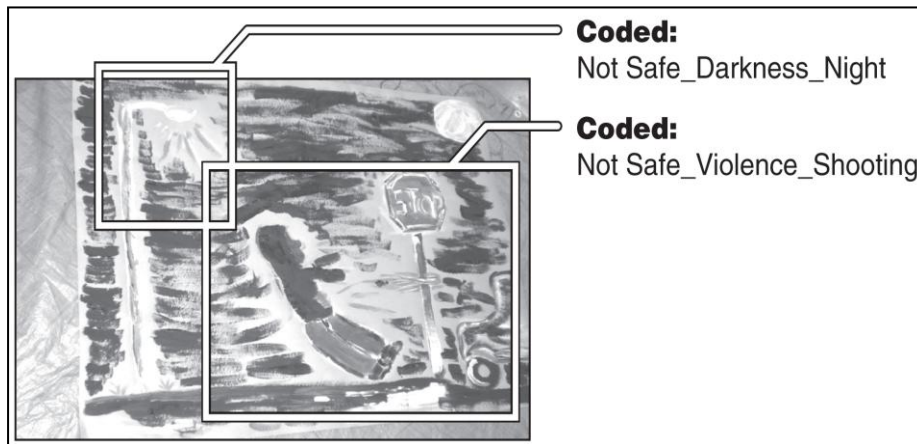


Figure 8: Example of coded painting (Yonas, et al. 2009)



Certain themes, such as good and bad relationships, were determined a priori; however, coding resulted from the participant guided priorities as exemplified in their paintings, writings, drawings and related personal and group discussions (e.g. protection). Therefore, sub themes emerged insitu, and new themes were explored as they arose out of the research process. Themes and artistic topics were compared across genders in order to note similarities and differences. Utilizing this arts-based method made it possible to compare across multiple dimensions; that is, verbal/textual and visual. The information from the artwork and discussion sessions supplemented data from the interviews to inform on different dimensions of youth concerns related to relationships across ages ranges.

On a final note, visual representations aid in the dissemination of research findings. First, participants and community members can make direct connections between what is conveyed in the art and the conclusions drawn by researchers. Secondly, discussions prompted by visual materials have led to critical dialogue on aspects of community strengths and threats, and resulted in the development of strategies for addressing needs (Kramer, et al. 2010; Wilson, et al. 2007). For example, a photovoice project on obesity resulted in the identification of four main themes: lack of access to healthy foods, poor roads and walkways that impeded outside activity,

run down recreational spaces, and gang activity. Community and stakeholder mobilization resulted in renovation of a park, an abandoned building being converted into walkable trails, and limitations on the number of fast food restaurants that are allowed (Kramer, et al. 2010). Third, the presentation of visual materials, when advocating for change at a policy level, has been linked with increased mobilization and action (Kramer, et al. 2010). After the first VV cluster, an exhibit was produced and displayed at the Braddock Library. Families were invited to celebrate the work created by the participants and discuss what the youth had to say. During this time both parents and participants provided feedback on the findings as well as the process.

4.3 ETHICAL CONSIDERATIONS

While research with youth involves some inherent ethical issues, conducting research on sexual health and relationships with youth is even more challenging ethically. The most prominent concerns included scope of the questions, comfort level of participants, disclosure of sensitive or damaging information, coercion, and confidentiality. As much as possible, ethical considerations were built into the design of the project; because of the sensitive nature of the topics questions were posed as generalizations (e.g. for kids your age...). All data collection activities began with a statement that no personal information was to be shared; the point of the project was to learn their impressions of what things are like for kids nowadays. The primary concern was to ease the burden of participation for the adolescents; in addition, asking questions in this manner also removed concerns over age of consent laws. However, even within these guidelines youth tended to reference their personal experiences and beliefs. When this would happen they would be reminded that we were talking about youth in general. To make participation less stressful for participants, interviewees were given the option to skip any

question they did not want to answer (a few adolescents opted to skip questions) and the option to terminate the interview at any time.

Before research commenced a protocol was developed in the event of a disclosure of child abuse. It is required by law that any reports of abuse made during research be reported to the police. A local chief of police was contacted to find out how an incident should be handled, and she advised that any abuse should be reported directly to her and she would handle it from there. The informed consent form explicitly stated that confidentiality would be broken in the case of abuse being reported. There were no cases of abuse reported during research. There was one instance, discussed at a CAB meeting, of young children involved in sexual activities, and community members called the police. There was also one report of a girl in someone's high school pulling a "train"¹⁷ run on her. There were generalized reports of dating violence, shooting, and drug trafficking. Other notable events that occurred during the period of research included a major fight among adolescent girls resulting in serious injuries and a tasing, the possible incarceration of the stepfather of one participant for stealing, the murder of the father of two (siblings) participants, and homelessness of one of the families due to a house fire.

As all participants were compensated for their time, there was concern that this would be coercive for people living in poverty and for the early adolescents. While it is not an easy task to determine appropriate compensation, the amounts established for this project were felt to adequately reflect the time and burden of participating. One grandmother called after the first Visual Voices session to say that they children who participated were proud because they thought they had "earned" their money. There were some youth and parents who refused to be a part of the research, indicating the financial incentives were not overly coercive.

¹⁷ "Pulling train" is when multiple guys take turns having sex with the same woman (Sanday 2007).

Lastly, protecting confidentiality was a paramount concern and a continuous negotiation as I became friends with families where one or more members had participated. There were interactions with participants in alternative contexts, a small close community where everyone knows everyone, and the dynamics of parents wanting to know what their child contributed. To maintain confidentiality all identifying information was removed from transcribed interviews, and there is no reporting of identifiers in this document other than gender and age. All VV participants were asked to use a nickname during sessions and, while pictures were used in the exhibit at the library with consent, there is not direct association between a painting or text and its creator. It was also explained that whatever was contributed by an adolescent would not be shared with a parent, but the child is free to tell his/her parent(s) if they so choose.

4.4 SETTING THE STAGE

So as not to assume the content and scope of adolescent romantic relationships a priori, youth were asked to describe adolescent relationships and how and if these vary. The general description of meeting someone, expressing that you like them, beginning to communicate, and dating fell within the conventional trope of “boy meets girl” (or vice versa). While confirmatory of the general patterning of burgeoning adolescent relationships, these questions also served as grand tour questions that helped to lay the groundwork for later more sensitive questions and establish rapport (Bernard 2002). The findings on relationships presented in the next chapter begin with those aspects of relationships that participants remarked on as of concern or as outside the bounds of the normative.

5.0 CHAPTER 5: RESULTS

5.1 RELATIONSHIPS

The findings presented in this chapter represent a synthesis of Visual Voices and interview data as relationships were mutually explored across the two age groups (albeit by different methodologies). The sections preceed through conceptualizations of relationships, participants' descriptions of good/bad relationships, and messages about relationships. Comparisons across age and gender are presented following the discussion of the data in Table 5 and Table 6.

5.1.1 Types of “Relationships:” Hit it and Quit it, You’re My Possession

Well that’s what they call it like we talk to somebody like messing, you get to know each other a lot and then that’s when you go out with somebody. And then its kinda like how older people do it but its not as serious (Girl, 15)

There were several characteristics of adolescent relationships identified across age and gender groups: serious versus casual, control, and non-exclusivity.

5.1.1.1 Serious versus Casual. Serious versus casual relationships were distinguished based on investment in ‘getting to know someone,’ how rapidly things became sexual, and aspects of commitment (see Figure 9 and Figure 10). Certain settings promoted casual, sex-based interactions such as parties, clubs, and being home alone. A boy age 15 described the club scene:

The girls, look if you read that sign [across the street at Club XXX] they just put that up there, something new, and it says, ladies get in free til 11...But there’s a catch to that. For the ladies to get in free they gotta take three shots of Goose, and Goose is ultra strong—three shots you be drunk before you even hit the floor...So that’s what the girl’s gotta take before they enter the club. Once they go in they already be drunk and then they

went back for more to drink and stuff so now boys know that burr we gottem, it's a wrap doe...and it's a wrap.

Girls will actively pursue guys they are interested in and 'make the first move.'

Figure 9: Love Path (Boy, 10)



[Tell me about what you painted?]
First scene, they meet at a school dance. Second scene, they get to know each other, go out and talk.
[What makes this a perfect/good relationship?]
Sharing time with each other
[Do you see examples of this type of good relationship?]
Yes, ...in movies and stuff

Text:

1st part—School Dance

Danny – “Hi. My name is Danny. I love your hair. Would you like to go out sometime? Tomorrow 8pm?”

Susan – “Thx, sure, OK”

Second Scene—Knowing Each Other

“Love Path”

Figure 10: Casual Relationship (Girl, 13)



Girl is in love but the guy doesn't feel the same-thinks it's casual and not falling in love. Girls fall in love faster. Guys are afraid of commitment. He's thinking of other girls. He just thinks of her as a girl he's dating and not serious.

Text:

Girl – “I think I love him”

Boy-- “Chelsea, Brittany, Video games...alone time!”

Boys and girls recognized the potential for different types of relationships that encompass a spectrum of serious to casual. While younger and older adolescents referenced the distinction between serious and casual relationships the content varied. In general, the younger group represented causal relationships as one individual viewing the relationship less seriously than the other person (Figure 10 above). For older youth, casual relationships were classified by acts such as casual sex or hooking up at a party.

5.1.1.2 Control. Seven participants made 16 references to control in a relationship. Controlling relationships were of particular concern during discussions with adult females (three of the four adults discussed control). In contrast to the quote from the 15 year old girl above, one mother described adolescent relationships today as

Like, I see people take things so serious, so fast. It's like, “Oh, we just got together, and now we're so in love.” It's like, “No, you're not, really. You haven't even really” – You know what I mean? So I see that a lot. ...You'll see girls who gets with a guy and they go out on maybe one date or go to the movies and all of the sudden now either the guy is too obsessive and think all of a sudden now he's – you know, like she's

his...you know, like he just wants to take total control. Or even the girls are like that. You know, "Where he's at?" They're calling, calling, calling. It's like you guys don't even give each other a break, to me.

Other examples of control were going through someone's cell phone to see to whom they have been talking, looking through a girl's purse, and dictating who one can and cannot spend time with. When discussing what girls do when a boy gets physical one adult said,

Nothing, make up excuses. "Well, you know, I should have never said that to him." You said that to him so it's all right for him to hit you? No! Mnh-mnh, no. It's crazy. And they really always think that it's their fault. If they was talking to another dude or on the phone or wasn't there when he called or... It could even be being with somebody they didn't like or they didn't want you around. I'm like, "These kids is 14 or 15. He telling you don't be around this girl that you've been with all your life?" It's crazy.

A 10 year old male VV participant illustrated how aspects of control can be interpreted in a positive way depending on context. In his painting of a perfect relationship the boy is constantly calling the girl to let her know where he is—as a way of showing respect (Figure 11). Control is intimately related to trust in a relationship, or lack thereof, with trust more fully discussed in the section on Good and Bad Relationships.

Figure 11: Perfect Relationship (Boy, 10)



He's calling all the time so she knows where he is. The girl likes to go shopping. Boys and girls both like money. You got to have the money, if you have money girls will fall for you—that's a bad one [relationship].

What makes this a perfect/good relationship?
Being together

Text:
Words by phone—"Just telling you were I'm going to be at."

Two of the seven participants who discussed control recognized that both genders were perpetrators of control. Girls might specifically seek out these behaviors in partners:

But it's just they want somebody to take control. Some of them, like, they're looking for, like I said, that dad that ain't there. When you got somebody saying, "Hey, do this," they think it's love, and they want that (Adult Female).

Among the adolescents interviewed, control was mentioned by one girl and described as boys controlling girls. An adult explained that boys have low self-esteem and therefore seek to build themselves up by controlling girlfriends, whereas girls are looking for something to fill the void of parental love and/or father figure. Younger participants did not reference control explicitly but, in addition to the painting on "checking in" (Figure 11 above), one boy talked about how boys need to take things slower when they first meet a girl. He felt boys ask for too much from the girl right away and this strains the relationship. The younger girls recognized that boys need time apart in relationships and the younger boys talked about trust and respect instead of control.

5.1.1.3 Non-Exclusivity. All subgroups described "open" relationships or cheating (older boy=6, older girl=4, younger boy=3, younger girl=3). The boy, the girl, or both would be in a relationship while seeing other people at the same time, although this was not always known or acceptable to the other partner.

No relationships. You know, it's just freely. You know, this person is with that – You know, one person, he's messing with five different – And the girls, too. She might be messing with this guy, but five other guys. It's not a relationship; it's just casual. It ain't – not serious (Adult Female).

It was acknowledged that both genders are culpable. However, the common perception was that 'boys will be boys' and maleness as incapable of monogamy. During interviews and VV, participants typically depicted boys as cheating and girls feeling betrayed (see Figure 10 above—

casual relationship). While older teens specifically reference the distrust and hurt this causes amongst their peers, the younger youth referenced the experience for both adolescent and adult relationships—a pulling from above and across that creates an expectation or perception of eventuality. As one girl (age 16) stated,

it will be like he flirted with some other girl, he was with some other girl and they kissed or something...something minor. Well to me it's minor...I don't know what its like for other people, but a boy's gonna be a boy, no matter what's going on and you're not married.

5.1.2 Good and Bad Relationships.

A man that's there for um and someone that's not gonna like a man that's not gonna be just out all the time, that's gonna spend some time with you know their girlfriend or whatever they is to um. And like a man that cares (Boy, 15).

When asked to describe good and bad relationships several themes were commonly identified. Aspects that made for a good relationship include listening, talking, taking care, spending time, trust, and respect. A bad relationship encompassed disrespect, cheating (a lack of trust), not spending time together, and arguing. Love, albeit enigmatic, is central in serious relationships and was discussed by female participants and younger boys (Figure 12). However, the older boys interviewed tended to either not mention love or mention it in relation to girls being in love. When a 15-year-old boy was asked when things progress to becoming sexually active, he said,

Probably when the female or whenever the two, like, discover when it's the right time for, like, for them to do that or when the girl feels that she love that man or likes him like very much and think that they should do that.

Additionally, happiness as a feature of a good relationship was expressed only by the younger Visual Voices cohort, both boys and girls. This was expressed as presents making girls happy, boys wanting to make girls happy, and happiness from being together (see Figure 13).

Figure 12: Love (Boy, 11)



Text:
Love, Together 4 ever, Life together, Love

[Tell me about what you painted.]
Girl and boy in love. Together forever, life together.
[What makes this a perfect/good relationship?]
If you both do something that you like together.

Figure 13: Happiness (Boy, 11)



[Tell me about what you painted?]
Happy couple. A man is giving her a flower.
[Why they are happy?]
Cause he gave her a flower, they talked about their lives, started dating-happy.

5.1.2.1 Listening and Talking. In a good relationship there is a sharing of information and an engagement in the form of “really” listening (nine sources with 17 references). The implication is that through communication you get to know one another and the relationship reaches a deeper level. A 15 year old boy believed that communication was foundational for a relationship:

...talk about important stuff, like there's some girls who really don't care what you got to say or like, you know they just want to lay up and lay around all day, and there's some girls that do enjoy talking about other stuff, interesting stuff, like school and sports and stuff that's just going around, so I think good conversation is the first thing so you can connect...

This same boy also recognized talking as a way to develop trust in a relationship, a girl may overcome her concern that a boy is only interested in sex through sustained communication.

Girls noted that boys are able to talk girls into things such as sex and unprotected sex. Listening was also a way to show respect for a girl/woman (Figure 14).

Figure 14: Listen to Them (Boy, 10)



[What do girls want in a relationship?]
A man to respect them-all times. Do things around the house, go to parties with them, have fun, buy clothes for their kids.
[How do men show respect for a woman?]
Listen to them and whatever they say, do it right now, don't watch TV, just do what they say.

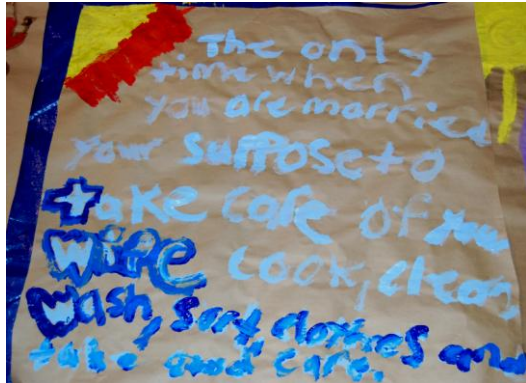
Listening and talking, as forms of sharing, were discussed by both male and female participants.

While aspects of communication did come up with younger participants, it was more common for them to reference spending time together as important in maintaining a relationship.

5.1.2.2 Taking Care. The theme of “taking care” encompasses what males ought to do in relationships to make the female happy. Interestingly, the phrase “taking care” was not used by any of the female participants or older male adolescents. Younger girls expressed wanting love and material items in a relationship and older girls trust and respect. A boy in one of the Visual Voices groups incorporated aspects of taking care of a woman in both a painting and writing (Figure 15 and 16). He had concrete ideas about how a man should act in a relationship, and these reflected ideals of helping, respecting, and providing. Another boy talked about not wanting to mess up a relationship: “keep it right, keep it straight.” During the first VV, the boys initiated a group discussion wherein it was noted that women want men who can work and help around the house. This version of male responsibility and greater relationship equity was not

voiced by any other subgroup. A possible explanation for this would be that 10-13 year old boys are referencing the desired relationships of the women who take care of them—their mothers, grandmothers, and aunts.

Figure 15: Take Care (Boy, 10)

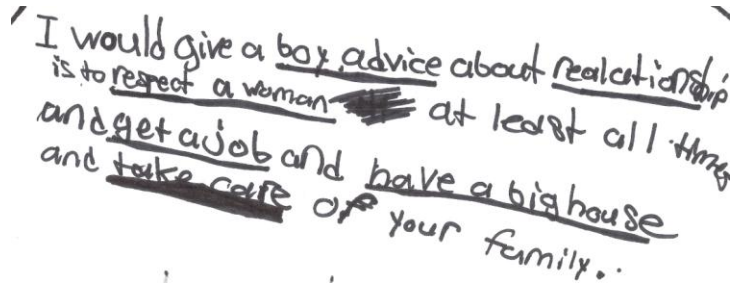


[Tell me about what you painted.]
Sun and message to anybody whose married
[What makes this a perfect/good relationship?]
Husband is supposed to take care of his wife.
He should cook, clean, wash and sort clothes.
[Do you see examples of this type of good relationship?]
No. I don't know.

Text:

"The only time when you are married you're supposed to take care of your wife—cook, clean, wash, sort clothes and take good care."

Figure 16: Advice for Boys about Relationships (Boy, 10)



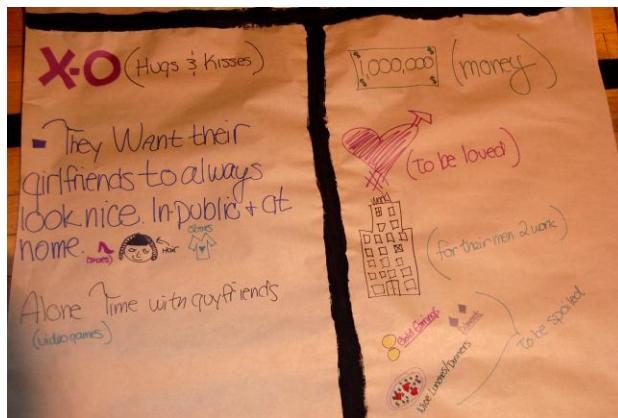
Text:

"I would give a boy advice about relationship is to respect a woman at least all times and get a job and have a big house and take care of your family."

5.1.2.3 Spending Time. Time was another dimension of a good relationship and was talked about in two ways: the amount of time spent getting to know someone before progressing to sex was a key parameter of a "serious" relationship, and a boy being willing to spend time with the girl made for a good relationship (11 sources with 17 references). These aspects of time seem intuitive but, particularly for the latter, there were some important nuances. Across adolescent

age cohorts and genders (older boys=1, older girls=1, younger boys=6, younger girls=3), the story told is girls wanting more time with their boyfriends while boys want time away from their girlfriends (Figure 17). The text with Figure 17 illustrates how girls internalize a message that “girls are annoying.” Figure 18 gives an example of how adult relationships inform the perceptions of the younger cohort. In this picture a young boy portrays the woman as doing everything she can while the man exemplifies the opposite of “taking care” of the woman—he is selfish, does not spend time with her, wastes money, drinks and is disrespectful.

Figure 17: Boys Want Time Alone (Girl, 13)



[Tell me about what you painted.]
 Girls want money, riches, to be loved, for the boy to work so they don't have to. They want to be spoiled. Boys want lots of affection-hugs and kisses. They want the girl to always look nice. Boys want alone time.
 [why?]
 Girls can be annoying, they want time with their boy friends.

Text:

Left side—X-O (Hugs and Kisses)

“They want their girlfriends to always look nice. In public + at home. [shoes, hair, clothes]

Alone time with guy friends (video games).”

Right side

“Money, to be loved, for their men to work, gold earrings, diamonds, nice lunches/dinners, to be spoiled.”

Figure 18: Unfair (Boy, 12)



[Tell me about what you painted.]

A heart with X-don't like each other. Woman feels he's unfair. Man is always out of the house, spending money, and drinking. Drinking makes him do bad things-if mad. Need to have quality time with girlfriend. Say things don't really mean-in own mind tantrums, if you are drunk too rude and say stupid things. Woman is doing everything she can--has a good job, tries to spend time but he drinks. She got tired of all that and finally told him it was unfair. Now not in a relationship and he told her to get out of the house. She didn't

Text:

Girl—"You are unfair."

Boy—"The relationship is off! Get out!"

Even in the young cohort this tension between males needing time with and away from their partners is evident. An 11 year old boy painted that girls want freedom (ironically the only recognition of independence for girls) but when painting what boys want he said:

[the guy] wants her to have freedom but not too much. [later it was mentioned how for what girls want he painted/talked a lot about freedom but that was a little different than what he was saying now. He acknowledged the discrepancy between the girl's values and the boy's] [Is it more important for boys and girls to be together or apart?] Both because they should have time together but time to do what they want. Be in a relationship but still go out and do fun things.

It seems possible to make an connection between how younger adolescents described spending time and the description of "hard boys" by a 15 year old girl.

...most boys really think that like they're too, I wouldn't know how to put it but they're too hard, like they're too hard core to be in a relationship. So most girls like want a boy, so when they're in a relationship with a boy he needs to be able to be, like, trying to be romantic and trying to be with her all the time, girls like that like, a more softer boy, like, a more softer side of a boy. Like that.

...Like boys think like, 'oh, I can't be in love,' like that. I'm too...I'm a boy I shouldn't be...I don't know how to put it. Boys think their like, their friends will look at them different if they really say they're in love with a girl like. Like that.

The budding recognition of the tension between appropriate behavior in a relationship (spending time) and the need for time apart has the potential to manifest as a denial of reliance on women (a hard boy), which helps construct a masculine identity.

Overall, spending time was something girls wanted more of and boys less of, although the younger boys were aware that spending time was something they ought to do to make a girl happy in a relationship. It was acknowledged by only one male participant that girls might want independence and interests outside of a relationship. The recognition among girls in the youngest cohort that girls are annoying contributes to a construction/maintenance of unequal relations of power between the genders. The trend described follows the general cross-cultural pattern of boys becoming more fully invested in peer groups during adolescence. Within the younger group, the idea that boys need time away from girls was framed as space for sports and video games. With the older youth, the concept becomes more about investment in male peer solidarity and identity.

5.1.2.4 Trust. Time away from girlfriends was an opportunity for meeting other girls (Figure 19). Trust was a very important aspect in relationships, but this might be a prominent theme as it was felt to be constantly under threat (22 sources with 32 references). As mentioned earlier, interview participants believe that boys and girls are both culpable of violating trust. However, VV participants depict boys as cheating on girls and hurting their feelings (Figure 20). An older girl (age 15) described a perceived difference in how boys versus girls react to a violation of trust:

But girls are more forgiving than guys, like most girls, they think they're so in love that they just can't let that person go. So if a guy cheats on a female then she's more like she'll cry then he'll talk her into getting over it, like, but when a female cheats on a guy he's just like 'oh, I'm done,' like 'I don't want to be with you anymore,' like that but guys aren't as

forgiving as females like so, if, so the girls put more trust in the guy than the guy puts trust in a girl (Girl, 15).

Earlier in the interview this girl discussed how trust is earned, gained. She described girls needing to prove their fidelity to boys by such acts as letting them go through their phone to see who they have been talking to and that they have not done anything ‘that he would disapprove of.’ When it comes to violations of trust the perception is that girls forgive, boys do not; or at least girls can be convinced to forgive. The impression is that a violation of trust in a relationship is more damaging for the male ego and hence, males must actively ensure trust through the exercise of control. Here we see the link between trust and controlling relationships; the threat of being cheated on—a violation of trust—leads to hyper diligence in monitoring. Douglas’s (Douglas 1966) discussion of social threat enacted as symbolic and ritual at bodily margins is suggestive here. And this monitoring serves a purpose as it establishes trust (security) at least in one direction.

Figure 19: Cheating and Trust (Girl, 11)



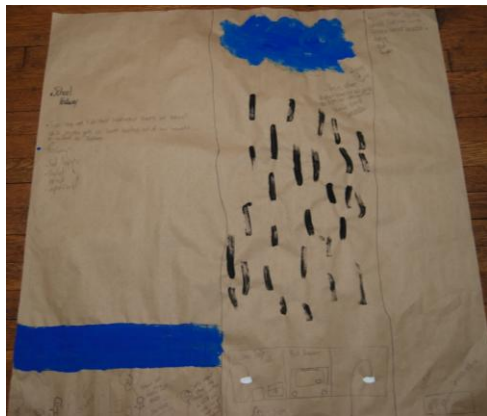
Text:

“A bad relationship is when a boy is always cheating on a girl. And a boy is always gone and not with his girlfriend.”

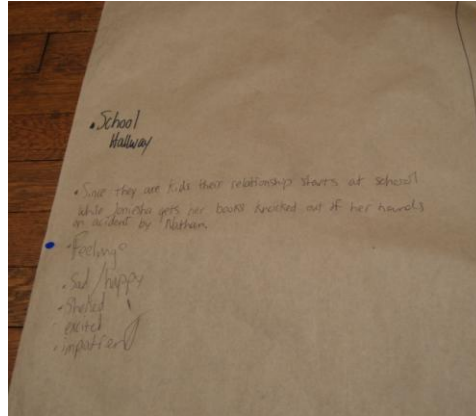
“A good relationship is when a boy and girl trust each other”

[cheating, trust]

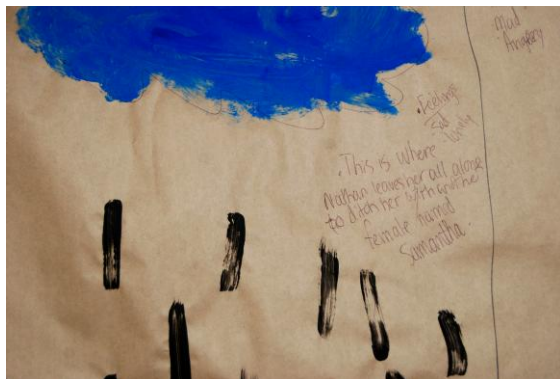
Figure 20: The Emotions of Cheating (Boy, 11)



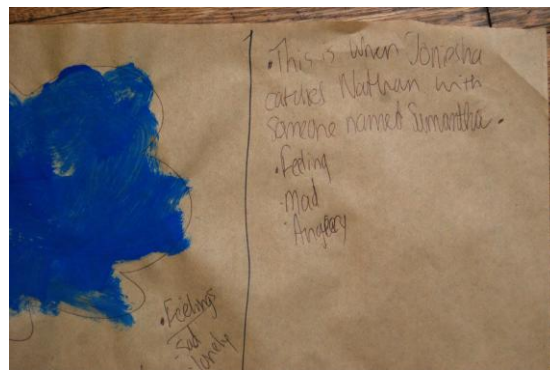
a. Three panel scene: they meet, she is stood-up, she sees him with another girl



b. Panel 1: Feeling “sad/happy, shocked, excited, impatient”



c. Panel 2: She feels: “sad, lonely”



d. Panel 3: She feels: “mad, angry”

Establishing trust through mechanisms of control, there is the potential danger that this will lead to abuse, whether physical or verbal. A 13 year old boy, when asked how his painting would be different if asked to paint what a “bad” relationship looked like, responded, “She thinks he’s cheating on her but he says ‘no, no, no.’ She punches him and he beats her up.” It was fairly common for abuse to encompass both physical and verbal acts such as hitting and derogatory name calling respectively. Cheating was the most common reason cited for arguments and physical altercations.

Females rationalize control as necessary and legitimize its enforcement. Trust and the violation of trust were noted by all age groups. While the younger age group tended to represent the outcome of cheating as hurt feelings and dissolution of the relationship, older adolescents tended to remark on control mechanisms and physical abuse within relationships as well as the passive and active strategies of the females in order to continue the relationships. A 15 year old girl shared her thoughts on why boys hit:

Girl: I think it, a boy really having feelings for you and you doing like you're doing something they dislike a lot, but he's really like you don't see that he's, that he has that much feelings for you, so you go do, like, you're not paying him no attention, but you, you don't see that you're really, like, you don't see that he, he's really like into you. And the stuff that you're doing is making him, he's pushing you away, but I think he puts his hands on you to show you like, that he cares about you, like calm down, like get it together, like or I don't know how to really put it but I think I put it good enough...

Interviewer: So what happens if a guy gets physical with a girl in front of other people? What do the other people do?

Girl: Most females will leave it alone but some females actually think it's cute like. I don't know how to put it, a lot of females, young females, think it's like, they don't take it as serious as it should be taken like. So they throw it off, like, oh talking to him again the next day and telling all their friends like, 'oh he hit me' like, but I really think girls should take it as 'I can't be with you you're abusive' and you're young and he's putting hands on you now imagine what he's gonna do 10 years from now.

This quote blames the victim on two fronts: the female instigates the abuse and she is at fault for accepting it. A similar statement from a boy age 16 was “in high school we see like a lot of that, you know, you will see like, the girl like trying to make things better after a guy says that to her.” There were examples given in interviews of peer groups that do not condone abuse and actively intervene. The message they share with peers is that no one should put their hands on you; you do not deserve that, you deserve better.

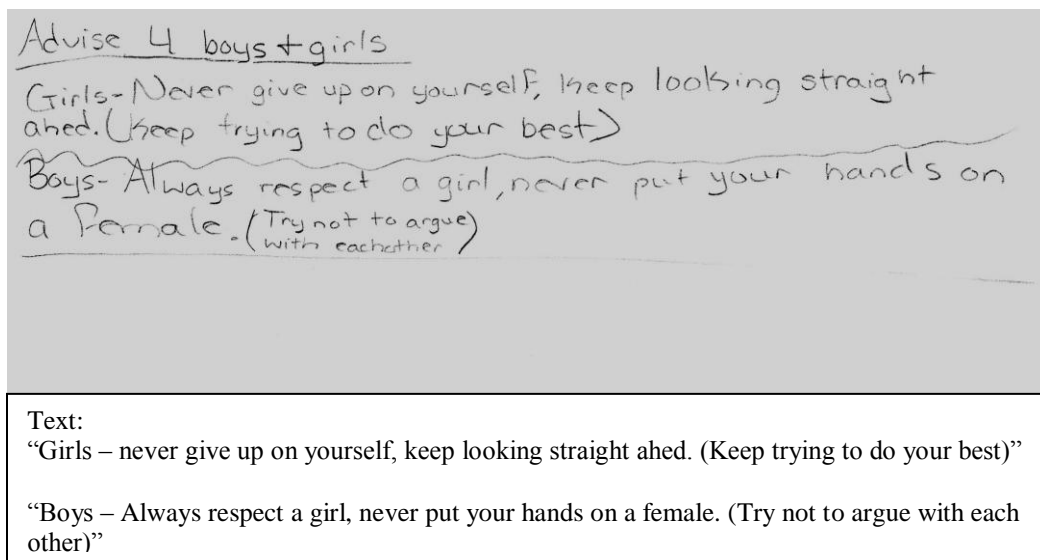
5.1.2.5 Respect. “Respect” (19 sources with 28 references) is related to the above discussion on

abuse, as displays of respect included ‘not calling a girl out of her name’¹⁸.

Show respect...don’t call her names in front of his boys. That’s what boys do they, ‘oh man, I ain’t worried about that B or that ho or that smut or that...Say shmut but yah, that that’s disrespectful and I know, I know boys that don’t say that like at all, they don’t call girls ho’s, bitch ho’s no none of that...And I think that’s a boy you need to [inaudible] if he ain’t gonna call you that he’s a keeper, he’s a keeper but there’s only a few (Girl, 16).

A ‘keeper’ is someone who does not disrespect you by calling you names. Respect also meant not hitting a girl (Figure 21).

Figure 21: Advice for Girls and Boys (Boy, 11)



Text:

“Girls – never give up on yourself, keep looking straight ahead. (Keep trying to do your best)”

“Boys – Always respect a girl, never put your hands on a female. (Try not to argue with each other)”

Other facets of respect in relationships were really listening to the other person and “being there for her all the time.” Respect was therefore a broader level theme that encompassed ‘Listening and Talking’ and ‘Spending Time.’ It is not just the act but the perceived quality or commitment of the act. Respect is recognition of the value of the other person, someone who is not degraded but instead worthy of attention and time.

¹⁸ “Calling a girl out of her name” is referring to a girl by a derogatory term such as ho or smut.

Generally, the discussions were framed unidirectionally with boys needing to show respect to girls and girls wanting respect from boys: it is a quality that is given from boy to girl. One reference of a girl showing respect was from a female VV participant when she described how girls should be respectful to boys' parents. In advice to boys, she felt they should show respect to girls' parents as well. Respect was a desired component of relationships across age groups.

5.1.2.6 Arguing. Not surprisingly, arguing makes for a bad relationship (Figure 22). All subgroups identified cheating as a reason that couples argue. However, it was of interest that the idea of counseling was identified as recourse only among younger girls. The younger VV participants were also the only group to directly identify a baby as a source of arguments, with one person wanting and the other not wanting to have the baby.

Figure 22: Everything is Going Wrong (Boy, 12)



Text:

1st part—Good Relationship

“Nothing is going wrong. No arguments. They are getting along well. [Would you like to go to the movies? Sure! Thank you for taking me to the movies, it was fun. I love you.]”

2nd part—Bad Relationship

“All most everything is going bad. More arguments. More fight. They are getting along horribly. Which leads to results like this [So you want to break up forever? Yes! He is being very mean! Yes! She makes me angry!]”

5.1.3 Messages and Communication about Dating and Relationships

Some of them want to ask, but some of them figure they got all the answers. That's another thing. A lot of kids, you know, they talk with their friends and figure, "Yeah, well, so-and-so told me, girl." And then it pretty much brings on, "Yeah, that's how it goes. You do this, that, and the third." They going to get they own information. They don't wait around for adults to give it to them (Adult Female).

All interview participants were asked about communication related to dating and relationships. Particular questions focused on parental communication and intentionally asked in both directions—do parents talk to their children and do children talk to their parents. Additional questions probed for who else adolescents talk to about relationships. Of the four adult women talked with, two felt that parents do talk to their children about relationships, one did not think so, and one felt that parents did talk with their kids but the messages were gendered:

Adult Female: I think the fathers do with they daughters. The girls – The moms I mean – they pretty much tell they daughters, "As long as he got money, go ahead on." They don't care about – This is another thing they believe, "Girl, forget... Don't he take care of you? Forget about her. Let him have all the girls he want as long as he does for you." So...dads, as far as their sons, it's "Go on and do what you want, long as, you know – protect yourself." That's pretty much what the dads – 'cause they know how the kid thing goes. Unless you got a good mother and father. They want to tell you, you know, to stay away from it; you're not ready for it; don't have sex; if the girls want to give it up then she's easy, stay away from her.

KR: But with the dads who tell the boy, like, just strap up...?

Adult Female: Oh, yeah, they think, "My son got about five or six girls." They think it's something to brag about. The moms, too, about they sons 'cause it's all – It's totally different for the sons, *totally*.

The adolescents interviewed expressed the entire spectrum of responses on whether or not parents talk to their kids about dating and relationships. Some said yes, some said no, one said

they should, one said “what can they say—nothing,’ and most commonly the youth responded that some do and some do not. Parents who do not talk to their children were described as being afraid to find out what their child is up to, feeling uncomfortable, and being unprepared. Parental communication on these sensitive issues was associated with a long history of a close and open parent-child relationship. As alluded to above, the messages that parents do communicate to their children are gendered with girls generally receiving more messages with a focus on risk avoidance and will be discussed in more detail in the section on communicating about sex.

The majority of adolescents said they would not talk with their parent about dating and relationships (older boys=6, older girls=5). They do not want their parents to know what they are up to and they are afraid of how their parent might react. In contrast, the adults tended to believe kids do talk with their parents about these issues (adult=3). Overwhelmingly, the youth mentioned that they would talk to friends about relationships. Other people mentioned included older siblings (typically of the same sex), trusted relatives, and parents of friends. Communicating with parents about relationships was not explored with the younger age group although this would be important in future work as literature identifies closer familial ties for this age group.

Table 5: Comparison Across Age and Gender

Theme	Similarities	Younger Adolescents	Older Adolescents	Boys	Girls
Relationships: Serious vs. Casual	Boys and girls recognized different types of relationships from serious to casual.	Represented causal relationships as one individual viewing the relationship less seriously than the other person.	Casual relationships were classified by acts: for example causal sex, hooking up at a party, etc.	Boys and girls recognized different types of relationships from serious to casual.	Boys and girls recognized different types of relationships from serious to casual.
Relationships: Control	Younger boys and older girls identified controlling behavior in relationships.	Younger participants did not reference control explicitly. However, references were made to boys asking for too much from the girl too soon, allowing girls their freedom, and not treating the other person like a slave.	Older girls identified controlling behavior in relationships.	Older boys did not detail issues of control.	Girls identified controlling behavior in relationships and described as boys controlling girls by going through their phones and telling them who they can talk to.
Relationships: Non-exclusivity	Both genders may cheat however; the common expectation was that boys will cheat.	Younger youth reference the experience for both adolescent and adult relationships.	Cheating is a common aspect of peer relationships.	Cheating is a common aspect of relationships although it was more common to reference boys cheating.	Cheating is a common aspect of relationships although it was more common to reference boys cheating. On older girl noted that the response to cheating is gendered.
Good/Bad Relationships	Generally good relationships included trust and respect and bad relationships included cheating and arguing. Spending time and love were also discussed by some groups.	Happiness as a feature of a good relationship was only expressed by the younger VV cohort, both males and females. Spending time was an important dimension.	Love was not discussed among older male adolescents except one older male discussed girls deciding to have sex when they are in love.	Younger boys discussed love as a feature of a good relationship, along with taking care, listening, and spending time.	Love is central in more serious relationships and was discussed by female participants and younger males.
Good/Bad Relationships: Listening/Talking	Listening and talking, as forms of sharing, were discussed by both boys and girls.	Aspects of communication came up with younger participants, in particular the importance of listening.	Talking was a way to establish deeper connections.	Talking was a way to establish deeper connections.	Talking was a way to establish deeper connections.
Good/Bad Relationships: Taking Care	Not applicable.	Taking care was a dimension of relationships for younger adolescents. Additionally, younger males were the only group to express male responsibility and greater relationship equity.	Taking care was not specifically mentioned among older adolescents.	Younger boys referenced protection as a male role in relationships and noted the material expectations in relationships. Additionally, younger males were the only group to express male responsibility and greater relationship equity.	Younger girls wanted to be taken out, given presents, and "to be spoiled."
Good/Bad Relationships: Spending Time	Spending time is important but more challenging for males.	Younger girls expressed boys' desires for time away from girlfriends (sports, video games, guy friends). Younger boys stressed the need to spend time with girlfriends for a good relationship.	Rarely discussed among older adolescents.	Younger males and one older male discussed that spending time with your girlfriend makes for a good relationship. However, references allude to the ideal in contrast to the strain caused in relationships because males do not spend time.	Younger girls expressed boys' desires for time away from girlfriends (sports, video games, guy friends).
Good/Bad Relationships: Trust	Trust and the violation of trust were noted by all age groups.	Younger adolescents represented the outcome of cheating as hurt feelings and the end of the relationship.	Older adolescents discuss the common experience of cheating as well as the passive and active strategies of females to continue the relationships.	When it comes to violations of trust the perception is that boys don't forgive. Males actively ensure trust through the exercise of control.	Trust was very important for older females in their relationships. When it comes to violations of trust the perception is that girls forgive. Females rationalize control as necessary and legitimize its enforcement.

Good/Bad Relationships: Respect	Most often discussed as unidirectional with boys needing to show respect to girls and girls wanting respect from boys. Respect was a desired component of relationships across age groups.	Respect was framed more broadly such as listening to and spending time with the girl.	Respect was framed as not calling a girl “out of her name” or yelling at her in public.	There was a belief that some girls downplay or joke about their boyfriends calling them names, disrespecting them.	Respect was important for older females. There was a belief that some girls downplay or joke about their boyfriends calling them names, disrespecting them.
Good/Bad Relationships: Arguing	Across gender and age, arguing was identified as negative and cheating as a possible reason.	Younger participants also identified a baby as a source of arguments. Counseling was identified as recourse only among the younger girls.	Across gender and age, arguing was identified as negative and cheating as a possible reason.	Across gender and age, arguing was identified as negative and cheating as a possible reason.	Across gender and age, arguing was identified as negative and cheating as a possible reason. Counseling was identified as recourse only among the younger girls.
Messages about Relationships	Older adolescents reported that youth their age do not talk with their parents about relationships and/or sex. They prefer to talk with close friends.	Not applicable.	Older adolescents reported that youth their age do not talk with their parents about relationships and/or sex. They prefer to talk with close friends.	Messages from parents are different for boys and girls, with girls generally receiving more messages with a focus on risk avoidance.	Messages from parents are different for boys and girls, with girls generally receiving more messages with a focus on risk avoidance.
Hopes and Dreams	Hope and dreams tended be gendered.	Younger participants highlighted relationships and future children much more than older youth. Younger adolescents expressed a wider variety of future careers.	Older adolescents tended to follow a predictable gender divide of sports and nursing.	Younger adolescents expressed a wider variety of future careers. Hope and dreams tended be gendered (e.g. sports).	Younger adolescents expressed a wider variety of future careers. Hope and dreams tended be gendered (e.g. nursing).

5.2 BECOMING SEXUALLY ACTIVE

[V] told the story of finding the seven year old boy behind the building with three young girls instructing them on how to give a blow job. [R] said the only thing they should be doing at that age is going upstairs and writing the word yellow (Notes KR).

Discussions about sex were limited to the older adolescents interviewed and therefore comparisons are restricted to gender; these are presented following the discussion of the data in Table 7.

5.2.1 What is Sex?

The question “what is having sex?” was very difficult for people to answer because people were not clear on what was being asked or they were embarrassed. In order to facilitate a response to this question, scenarios were posed (e.g. kissing, touching, and oral sex) and respondents were

asked if that was considered having sex. The rationale for asking this question was twofold: it was important when discussing the progression to sexual activity to understand what sexual activity encompassed and to help in qualifying perceptions of risk. If oral sex is not considered sex this has implications for perceptions of these behaviors as risky or not risky.

The response from a 15 year old male was representative:

I mean, not, I mean like, if you thought about it, like, like in science class I mean health class or something, they would consider that [oral sex] sex but like my friends and us and the people that I know, like, they'll be like, 'oh yah I'm going like' I mean it's an interview and you're probably wanting to know, you know, Ok so I'm just gonna be honest with you, like, dudes that I know and my friends they'll be like, 'yah I'm getting some ass today' dadada, meaning they're gonna go have sex with a girl and then they call oral sex with a girl you know, they call that 'getting head' or, know what I mean, or things like that so they really consider those two different things.

The majority of those interviewed made a clear differentiation between oral sex as not sex and vaginal intercourse as sex. Among those interviewed, both genders reported similar views on what is having sex with implications for sexual risk exposure. What is considered having sex was not explored with the younger age group although this would be important in future work as practices that are typically take place prior to initiating coitus encompass "sexual risk."

5.2.2 Initiating Sex

Interviewer: What are some of the messages that kids your age receive about sex? Like from music, movies, teachers...

Boy (16): It's like the best thing in the world... You be like a different person, like you be like a new man or something.

Interview participants were asked, "where does sex fit into a relationship?" or "how do things progress to having sex?" There were some clear distinctions on how interviewees responded to this question based on gender, and between the way adults discussed this and the views of

adolescents. Three adult females depicted sex-crazed teenagers; everyone is having sex, with multiple people, and very casually.

Adult Female: Oh, I think early on with these kids. Early on. But a relationship – Now, this is what I’ve heard some of the guys say. “She got the best head.” [laughing] I’m telling you! It’s never nothing about, “I just really love her. You know, she’s there.” It’s always about sex. I just – oh, my goodness, this is so funny, ‘cause I just had this conversation with somebody.

KR: Did you?

Adult Female: We was cracking up about it. Like...kids. When we was like – It was like he said, he was like, “Man, I just heard that little girl over there, you know, talking to a boy. When the girl walked away, he told his boy, ‘Man, I love her.’ The dude said, ‘I don’t love nobody.’ Like, ‘Man, she got the best head in the world.’” And we could not – And they’re kids! He was like, “I can’t believe.” He’s like, “If that was my daughter...”

When interviewees were asked their opinion of the age when peers become sexually active a broad range was given. The youngest age reported for initiating sex was eight, and two respondents referenced a specific story of an eight year old. There is no way of knowing if they were referencing the same or different story. Another story, told at one of the CAB meetings, involved a 12 year old boy and a six year old girl; fortunately things were interrupted before they progressed too far. Boys and girls identified that youth were typically having sex by 14 or 15, the latest age given was 16. A 15 year old boy noted that coitus occurs at a younger age among his peers because

I’m just being honest, like most African American kids, like kids like us, we used to being around, seeing like you know, that that kind of thing, you know, daddy with a whole bunch of different girls, so we get, we get that kind of mind set and it happens younger than us probably than with like, Caucasian white people; cause they get to see a whole different, like, set of things like, that’s not all they’re seeing, like they got, know what I

mean, their parents are married and stuff like that so they probably, they probably, happens at an older age than with us cause we see it every day.

Examples of parental relationships are but one aspect that influences sexual initiation. There is what the parent does and also what the parent says, the messages parents communicate to their children about sex. Additionally, peers exert a strong influence as well as the messages conveyed in popular media. Interviewees were also asked about messages received from school and church. The impression from those interviewed is predominately of a pro-sex ethos (excluding church and some parents) constantly reinforced from many media sources.

Within a relationship, adolescent boys felt that it took a couple months to progress to becoming sexually active, although there were discussions of sexual activity outside of relationships, for example, having sex with someone you meet at a party. One boy was very confident about his chances for sex:

Boy: I don't know about them, I can't speak on how they been, but me, it be that day. Later on that day... Believe it.

Interviewer: Umm, so once they've agreed that you're gonna hang out that's pretty much...

Boy: Its over (Boy, 15)¹⁹.

Girls felt it took much longer to progress to becoming sexually active--a year or longer--with the intervening time a period of getting to know someone.

Age for initiating sex was not explicitly queried with the younger age cohort. When painting what boys and girls want in a relationship, one younger boy noted that boys want sex but there was no specific mention of kids their age being sexually active. Two discussions with guardians following their child's participation in VV tended to confirm that 10 to 13 year olds

¹⁹ When interviewed this young man was about to become a father for the first time.

have not started having sex yet, but are entering into the realm of relationships. One mother described how her 14 year old daughter (who participated in VV at age 13) had just begun hanging out with a boy. This budding relationship was causing problems as the girl was starting to skip school and hang out alone at her house with the boy. A grandmother talked about the problems she was having with her 11 year old grandson (who participated in VV at age 10) who was staying up late texting with a girl.

5.2.3 Parental Communication

Adults believed that parents do talk with their children about sex, albeit they recognized that the conversations were not always explicit in that they might discuss important issues indirectly. A strategy was to pay attention to what was happening in a movie or TV show and then start to discuss what transpired with their adolescent children. One mother noted that her sons disregard what she has to say because they feel she is old and out of touch with what things are like now-a-days (what it is like to be young). She uses other tactics for finding out what her kids are up to: she goes through their cell phones, and she sometimes tells them she is going to work only to double back to see what they are doing.

However, parents' belief that they talk to their children about sex simplifies the many forms and styles that this may take. It was noted that parents can be open and supportive (e.g. when you think you are ready come to me), angry (e.g. screaming), in denial (e.g. I know you're not doing that), focused on the risks (e.g. strap up), avoidance (e.g. you're too young to have sex), and encouraging (e.g. go ahead, he has money). In particular, one adult female noted a strategy she felt was common among mothers towards their daughters, "go ahead and do it, just don't get caught." She explained it as

This is what they do. Somebody's 12, the parents think, "Oh, yeah."
Well, this is it: as soon as they get their period, "Girl, I'm going to get her

birth controls.” [laughing] That’s where it starts at. They be like, “Oh, well, that kid’s on birth controls.” I seen little girls. I’m like, “Dang, she was just so small.” And you see her, she’s...and you be like, “Wait a minute! This ain’t little Tina from down...” – It’s them birth controls. Oh, it’s just ridiculous. They don’t talk about it. They figure, “As long as I give them a box of condom or make sure she’s taking that pill, I ain’t got nothing to worry about.” We call it, “Go ahead and do it, just don’t get caught.” That’s why they got you the pills, that’s it.

From the perspective of the youth interviewed, the tendency was to think that some parents talk to their children about sex and some do not, similar to conversations about dating and relationships. Differences in parent-child relations were noted by a boy (age 15)

So there’s different kinds of parents and there’s different relationships between parents and kids, like some kids don’t really get along with their parents so they just do whatever they want and the parents just let ‘em ‘cause they’re tired of [trying it ?] and then there’s some parents who are like yo force their kids to listen to ‘em about it and then there’s some parents and kids who are comfortable with talking about it, sitting down and talking about it.

Adolescents believed parents convey different messages based on gender. Girls receive more messages and of a much more restrictive nature than boys. It is assumed that boys will be boys and messages (if at all) tend to focus on using condoms.

...because this party I was at, this little boy was like eight years old and he had, he had condoms walking around talking about ‘who’s ready?’ and I said something to his mom about it and his mom was like ‘so what, he’s a boy’ and I was like ‘oh OK’. She said so what, she don’t care ‘cause he’s a boy and boys do stuff like that (Girl, 14).

A 15 year old boy explained the difference as girls can get pregnant but there are no risks to being sexually active for boys (“so we good”). When parents were asked about parental influence on their child’s decision to become sexually active, parents focused on the need to be open and communicate with their children about sex. However, the majority of adolescents interviewed did not feel that parents held any influence over the decision; one boy thought parents would have an influence and six adolescents believed that parental messages were not

heeded. Communicating with parents about sex was not explored with the younger age group although this would be important in future work as literature identifies closer familial ties for this age group

5.2.4 Peer Influence

One's peer group normative value system was felt to have a strong influence on the decision whether to become sexually active, in both positive and negative directions. A 16 year old girl was very invested in a group of friends whom she described as 'thinking alike.' They were supportive of their friends waiting until they were ready to have sex. This peer group was also active in countering instances of intimate partner violence that they witnessed. At the other end of the spectrum was competition among males that promotes sexual conquest.

Talk about 'you don't get no butt,' once somebody say that to somebody who don't get no butt that what makes that person [who it is said to] wanna get some. Now they lurking... the dude that don't, that we're talking about is lurking now. Now we got him on lurk mode. I mean, he is on anything walking... And there be girls all over the place so if he sees one he's on it- period (Boy, 15).

Competition among boys for girls included such things as who could have sex with a girl first or one friend claiming to have had sex with a girl and another friend wanting to have sex with her as well. There was also mention of guys passing girls along to their friends, and for one guy to simultaneously be sleeping with a girl and her friends. As described by an adult female,

...this is how the guys is, they'll sleep with your friends... there's girls who's got kids all by the same dad, the same dude, you know, and they're friends. They fall out after the kids get here, you know, 'cause he's running back and forth.

Peer networks can encourage or delay sexual activity for adolescents, and both genders noted that they make judgments about what a person is like based on who their friends are. While peer influences were not explored directly, VV participants tended to reference as much

vertically as horizontally; adults and peers respectively. With less personal and/or group experience with relationships and sex, younger adolescents reference what they have been exposed to—the adult relationships around them.

5.2.5 Messages about Sex

Yah, it, it depends on where you're at though, depends on what you get into- like rap music and all that stuff, sex is super super big, like a super super good thing—like you, like you could look on TV today and there's big like naked girls and well, not naked 'cause they really can't show naked people on TV, but it's a lot different than you know, how, how it used to be, I would guess so (Boy, 15).

5.2.5.1 Messages from School. There was no clear answer to what messages youth receive about sex in schools. The adolescents interviewed routinely referenced something covered in a health class but the content and timing of the information was very vague. This most likely reflects differences in the schools that the adolescents attended. There was mention of a health class in 4th or 5th grade on how the body changes with puberty but nothing covering sex. A second reference to health classes during 4th-6th grade did not specify what the content included as the teenage boy admitted not paying attention. Another boy (age 16) said that he had not had health class yet in high school, he believed they would take that in 11th or 12th grade. He noted they did not have health class but double swimming (two semesters of swimming). This same boy, as well as one other, noted a sex education class in middle school (8th grade) that discussed STDs. A third boy, currently in 8th grade said that he would receive sex education in the 9th grade, currently he was in a home education class which included how to take care of babies. Interestingly, one of the mothers interviewed had discussed a home education class that taught parenting skills, and she felt it was inappropriate as it encouraged young teens to become parents. One girl described the messages from teachers—to wait or not to have sex—with the same messages from parents; it only encourages the adolescent to have sex.

Across genders, school is not a significant source of either sexual health information or influence on decision making. Again, not explored with VV participants but the influence that school has for younger youth should be explored. Talking with a school nurse for the area public elementary school it was learned that there is absolutely no health education. She believed that the high school received a grant to support health education, including sexual health, but the scope and sustainability were not known.

5.2.5.2 Messages from Church. Respondents did not provide much information about messages from their churches about sex. One said he did not receive any messages from church, and two mentioned that their church would tell adolescents that they should not have to rush into anything, they should wait. One adult, who acknowledged her church would encourage teens to wait, was quick to point out that it was still important for her, as a mother, to provide her daughter with correct information if she needed it. Her responsibility as a parent superseded the collective spiritual position. The strongest reference to religious morality guiding sexual behavior was from a 15 year old boy describing messages that would be good for adolescents to hear about sex:

I think, uh, if you learn about bible, how the Bible says you shouldn't 'cause like when I heard about it, it kinda like scared me, not scared me but like made me think twice, like wow, that's not what you're supposed to do if you want to go to heaven, well in God's eyes the right thing. You know what I mean, you think like 'should I, should I do that 'cause you know that there's a big consequence for that.'

Abortion is a subject that is profoundly enmeshed in sex and religion. Voiced convention was that within African-American communities abortion is not an option as it is against God's will. However, some interviewees did discuss abortion as an option that women consider. This is similar to the practical positioning of the parent mentioned above; religious morality is a guiding

structure but is deemed flexible when confronted with other realms of morality and personal values. Religion was not a significant influence or source of messages about sexual activity.

Messages received about sex from religion were not explored with VV participants.

5.2.5.3 Media Messages. “I think the main messages just come from your friends and music and movies and stuff like that...I don’t think nothing else really has a big impact on how you feel about sex (Girl, 15).”

Four main types of media were discussed in relation to messages about sex: TV, movies, music, and pornography. Generally, it was believed that TV and movies are laden with sexual images and acts which promote a positive view of sex. As one boy (age 14) said, it makes you feel like “I can’t wait to do that,” and a girl (age 15) said it makes you feel “if I don’t have sex I’m lame.” The older adolescents tended to not mention specific shows (except a mention of MTV’s Teen Mom), only that sex was ubiquitous, while the first VV participants mentioned the TV “Jersey Shore” and “Judge Judy.”

Music was discussed in a bit more detail. Rap music is sex saturated; it is a “big thing,” along with references to drugs and money. One adult related this to being “hood rich”:

‘Cause they watch the videos. The girls don’t hardly got no clothes on. The guys got all the money and they can buy this and buy that. They think that’s how they want to live: hood rich. You ain’t paid your bills, but you got on a pair of \$500 Gucci shoes. You know, come on. And it’s really like that out there. People just don’t believe it, but it really is.

Value is placed on fast easy money and women; these are markers of ‘success.’ Music artists mentioned include Lil Wayne, Gucci, Soulja Boy, Nicki Minaj, and Trina.

Music messages directed toward males depict sexualized, objectified scantily clad women. They are pliable and interchangeable, and their valuation is based on their body parts and sexual experimentation. A slightly more liberating role model for female sexual expression

was Nicki Minaj, who is believed to be bisexual (bi-curious). There are conflicting stories with older interviews with her stating that she is bisexual to more recent ones where she is a friend of the Lesbian/Gay/Bisexual/Transgender (LGBT) community but self-reports as heterosexual.

Regardless of the reality, her influence has been noted:

It's, it's like a, it's a girl like a famous girl, she sings and like raps and stuff—most girls follow after her. Like she's, I'm not saying like she's a bad influence but, but she has ways and actions that could be like a bad influence on other girls, like she like, likes to, she's like a both ways type girl, like she likes boys and girls...And like I've seen that effect on some girls in like my neighborhood. Like 'cause I've seen some girls like I wanna be like Nicki Minaj (Boy, 15).

An adult provided a similar description of how the singer's bisexuality has an impact on young girls. A 15 year old girl identified a different musical influence, love songs that put girls in the mode to fall in love. In particular, she thought that if more boys were like C Note, "people wouldn't be so lost when it comes to love." In summary, there seemed to be three main messages from popular music: for boys it was an objectification of women, and for girls it was either an adoption of a male sexual aggressiveness or an investment in love.

Pornography was an unanticipated response to the question of where and what messages kids receive about sex. However, in hindsight it should not have been a surprise as adolescent culture is replete with references to teen boys' masturbatory fantasies based on pornographic magazines (e.g. the movie American Pie). A 15 year old boy referenced it as an educational source, "I know people who watch pornos and stuff that like they be like 'I'm trying you know learn how to do this and do that.'" This boy thought it would be weird if boys and girls watched together; however, a 14 year old girl thought boys and girls were doing just that. Sources of porn were varied and reflect the many forms available: magazines, movies, and the internet.

With regard to TV, there did not seem to be any notable differences in responses by gender. Overall, the specific shows mentioned reflect hyper dramatized aspects of relationships: adolescent pregnancy, and promiscuous and contentious relationships. The influence of music tends to represent a more limited repertoire for boys encompassing “fast,” fast money and women. Girls encounter multiple representations of female sexuality: a sexualized femininity for male consumption, a sexually aggressive female, and an expectation of romantic love. Pornography was discussed by both males and females but the extent to which it is consumed by each gender and the purpose was not fully explored.

While not directly explored with younger participants, the ubiquitous nature of media means that messages are accessible to the younger age cohort. During a group discussion on messages about relationships, VV participants referenced TV, movies, music and commercials. Commercials noted were those for eHarmony, Trojan condoms, and MTV safe sex public service commercials. Romantic and rap music were both brought up with a mention of how rap music contains bad messages. This implies an ability to discriminate between types of messages and has programmatic implications.

5.2.6 Internet, Social Networking and Cell Phones

And I know a whole bunch of females that got pictures posted on the internet like that. And I don't think that's right cause that's that's real disrespectful towards your family and that makes your mom look bad because your mom didn't raise you like that (Girl, 14).

Interviewees discussed the internet and/or cell phones as sites for sexual information and communication (older boys=4, older girls=4). The internet is a place where adolescents turn for information about sex as well as participation in Social networks such as Facebook and MySpace. Several people noted that social networking sites were dangerous for adolescents: dangers ranged from adolescents presenting themselves as older, adults presenting themselves as

younger, posting of personal information/indecent photos, and exposure to sexually explicit content. The first two dangers involve the potential for the exploitation of minors, and the third sexualizes the adolescent in a very public manner. The girl quoted above described girls' posts to MySpace and Facebook; the photos included girls in bras and underwear, bras and shorts, or even without clothes. When asked the motivation for posting such pictures, she explained that the girls are looking for boys to post comments. Exposure to sexual content is not limited to social networking sites; variations on sexting (texting sexually explicit content) seem to be popular among youth. Mentioned were texting explicit song lyrics and erotic pictures. There has been discussion that sexting among teens is a way for them to express their sexual feelings in a safe context with no risk of pregnancy or STDs. However, this argument does not address the recipients of these messages.

Yeah, it was like a picture, like a picture. And it just was slightly provocative. It wasn't like – It was a turtle or something, but it was just a little bit provocative the way the turtle was, you know, and I didn't like it. Don't send that here. See how parents don't know? His mother knew nothing about it, either. Yeah. She [her daughter] was like, "Um, [name] sent – He sent *that*?" I mean, she was upset, too, you know. See how kids are finding things and send it to one another? Some things are just inappropriate (Adult Female).

The 12 year old girl did not want to be the recipient of this suggestive picture so she involved her mother. Her mother then called the mother of the boy who sent the picture in order to stop this from happening again.

A parent mentioned that she does not have a computer in the house, to prevent her children from accessing MySpace and Facebook. However, youth have access to computers in school and at the library. After the VV sessions at the library, several of the participants went to the children's section to use the computer. There was also mention of communicating through

gaming systems (e.g. Xbox) but the extent and the scope of this needs further investigation; along with intervention implications.

Boys and girls are both active in their use of social network and cell phone communications. The example given above about the 12 year old girl and the drawing in Figure 23 indicate that it is not just the older adolescents who are involved with sexting and social networking sites. A VV group discussion about sources of relationship messages included comments about social internet sites (Facebook and MySpace) and texting via Xbox and cell phones.

Figure 23: DoYWGWM (Do You Want to Go Out With Me?) (Boy, 11)



5.2.7 Participant' Views of Messages that Would be Good to Hear about Sex

And they need to do some career – you know, like to figure out what they want to do in life, ‘cause they don’t have no ambition. They think graduating – And I’m gonna be real honest with you. Graduating is like college for – in these neighborhoods, ‘cause most people are not graduating. You know, where y’all are thinking college – “Yeah, you go on to college, get focused” – college is like “What?” We don’t got the means for college. You know, it’s never even up for discussion. They praying that they can graduate. That’s sad (Adult Female).

The woman quoted above framed adolescent sexual health in a manner unique among participants; she understood it as embedded in many layers of the social, cultural, political, and economic. She eventually shared her ideas about messages for kids specific to sexual health, but first she took a much broader perspective. She felt that kids need help to build their self-esteem,

to plan for future careers, to envision opportunities (e.g. college, moving to a better neighborhood), and to have more role models. She described how graduating high school is the “end point,” the goal, and as a result there is a lack of understanding (for both parents and youth) that the classes you choose and your grades matter. With a focus on graduating, the easiest electives and achieving passing grades obtain the desired outcome.

You know, just like people don't know the electives. That matters when you going to college. You know, people never bother with that. And I never knew that until, you know, I was talking to them. They was like, “Well, what did you do?” you know, and helping me fill out the paper work and asking, like, “Was you on student council, you know, anything?” Stuff like that matters to schools. They want to know that you was there doing something, not just taking up space and skating through. Well, we don't know that because don't nobody sit down – And I'm saying “we” because this is where I live. You know, people don't come and explain that to you (Adult Female).

She also talked about her own insecurities when she went on for additional education in a class filled with people who already held degrees. Within this setting she also encountered prejudice and came to the realization that many of these educated people in her class for a Family Development Credential (FDC) were completely out of touch with the life-worlds of the people they were going to be helping. It is important to retain this more holistic conceptualization of adolescent sexual health, as all of these factors influence sexual behaviors. Messages exclusively promoting sexual health may be sub-effectual without incorporating these larger issues.

The adolescent boys interviewed generated three messages that would be good for kids to hear about sex: abstinence (n=2), wait till you're older/ready (n=2), and use protection (n=2). Among the girls the same three messages were mentioned, although there was one slight variation from the boys. A girl (age 15) thought kids should be told that protection is not 100% safe and that this might make them decide to wait. This perspective coming from a girl signals

recognition that the consequences of sex are not shared equally between the sexes.

VV participants were not asked what messages would be good for kids to hear about sex. Instead some of the participants drew and wrote advice for boys and girls about relationships. Additionally, some of the younger cohort designed healthy relationship programs for their peers during VV. These will be discussed in the practical implications for future work section.

Table 6: Gender Comparisons

Theme	Similarities	Boys	Girls
What is Sex	Both genders reported similar views on what is having sex (penile penetration of the vagina) with implications for sexual risk exposure.	Both genders reported similar views on what is having sex (penile penetration of the vagina) with implications for sexual risk exposure.	Both genders reported similar views on what is having sex (penile penetration of the vagina) with implications for sexual risk exposure.
Initiating Sex	Not applicable.	Boys felt that in a relationship it took a few months to progress to becoming sexually active. There were discussions of casual sex.	Girls felt it takes much longer to progress to sex with the typical time period being a year or longer. The intervening time is a period of getting to know someone.
Parental Communication	Adolescents prefer peer over parental communication about sex.	It is assumed that boys will be boys and messages tend to focus on using condoms.	Girls receive more messages and of a much more restrictive nature.
Peer Influence	Peer networks can encourage initiating or delaying sexual activity for both boys and girls. Both genders noted that they make judgments about what a person is like based on their friends.	Some male peer groups compete for females and sexual conquest; also, some males “haze” peers if they are not sexually active.	Noted less influence of peers in the decision to initiate sex.
Messages about Sex: School	Not a significant source of sexual health information or influence on decision making.	Not a significant source of sexual health information or influence on decision making.	Not a significant source of sexual health information or influence on decision making.
Messages about Sex: Church	Not discussed as a significant influence or source of messages about sexual activity.	Religious beliefs were influential for one male.	Not discussed as a significant influence or source of messages about sexual activity.
Messages about Sex: Media	Media is prolific with images and depictions of sex and they convey a pro-sex ethos.	Music tends to represent a more limited repertoire for boys encompassing “fast,” fast money and women.	Girls encounter multiple representations of female sexuality: a sexualized femininity for male consumption, a sexually aggressive female, and an expectation of romantic love.
Internet and Cell Phones	Boys and girls are active in their use of social network and cell phone communications.	Mention of boys use of pornography and learning about sex from pornography.	Girls post and text scantily clad pictures of themselves.
Messages that Would be Good to Hear	Boys and girls advocated three main messages about sex for peers: abstinence, wait until you are older/ready, and use protection.	Boys and girls advocated three main messages about sex for peers: abstinence, wait until you are older/ready, and use protection.	Boys and girls advocated three main messages about sex for peers: abstinence, wait until you are older/ready, and use protection. A girl (age 15) thought kids should be told that protection is not 100% safe and that this might make them decide to wait.

5.3 SEXUAL HEALTH CONCERNS

Just pull out [withdrawal]. It's hard but its not that hard (Boy, 15).

It is important to note that sexual health concerns were asked only of interview participants: older adolescents ages 14-18. Comparisons are presented following the discussion of the data in Table 8.

5.3.1 STDs

If you don't got nothing then why use a rub [condom]? IF you don't got nothing (Boy, 15).

STDs were discussed by 16 sources with 31 references. Treatment and services for STDs have become more complicated with the closing of the Braddock hospital. While there is mention of gynecological services at Braddock Family Health Center and at UPMC McKeesport physician offices in Forest Hills, STD (or birth control) services are not directly listed for those offices.

During time in Braddock, it was mentioned how residents do not like to use the local Family Health Center as community members work there and are believed to talk about what transpires at the clinic; there is a perception of a lack of confidentiality. Because it is believed to be confidential, area residents will travel to the Allegheny Department of Health in Oakland for STD testing and treatment. Because of the college campuses, there are many bus routes through Oakland and therefore it is possible to arrive there without having to transfer buses or with only one transfer. A one-way trip would take 40 or 44 minutes and cost \$2.25 or \$3.25 respectively.

However, privacy there might be more illusory than actual, as one adult female described:

“What is that over there?!” And my friend was like, “Girl, that's the clinic.” We be sitting out here watching it, seeing who's all the guys who's coming out. You know, just – I thought that was hilarious. Like, “What?! They going to the clinic 'cause they burning”. Get out of – She said, “Girl, there be a lot of fights and everything down here.” Yeah, because you just strolled past and you see somebody you with going in

there, you know something ain't right! What – You know, that's the perception everybody in these neighborhoods have.

Boys' responses to concerns about STDs ranged from something to worry about to no worries. The boys gave four strategies to avoid STDs and these included asking the girl if she has something, asking her mother, avoiding sex with girls rumored to have something, and using condoms. Two of the boys acknowledged a "heat of the moment" mentality when there is generalized concern about STDs, but in the excitement of the moment these worries are eclipsed: "they don't think at the time." Two boys said kids their age do not worry about STDs, the only concern was not getting a girl pregnant. Consistently, the boys noted that some boys use condoms and some do not. The reasons for not using condoms included the belief that wanting to use condoms is an indication that you have an STD, it negatively impacts the sensations during sex, and it is not the "cool" thing to do. One boy (age 16) mentioned that sometimes boys do not want to wear condoms and that sometimes girls do not want the boy to wear a condom. When asked why girls might not want boys to wear condoms, he responded "no clue." Returning to a quote from a 15 year old boy that was shared earlier, and similar to descriptions by other interviewees:

I would think like having babies and catching diseases cause girls, well dudes are nasty and then the girls are nasty cause there's that dude who's doing it to everybody and all the friends and then they end up with something and girls, you know, just like them so much and things get passed around that aren't supposed to get passed around...it's usually the thug kind of dudes cause like that's where most young girls go for I don't know why, I don't know why but they're usually the dudes that's going with all the girls and stuff who just don't care they're doing it to nasty girls and all of that and then that one girl messes with him and ends up catching something. And then there's babies—cause um my friend he he actually used to live up here, he still he still lives up here he's the same age as me he has two kids and he's only going into the 11th grade.

Overall, condom usage was seen as irregular and STDs were either a concern that got lost in the heat of the moment or not an issue at all. Three of the boys interviewed discussed what to do if you suspected you had an STD; you tell your mother and go to the doctor.

The girls felt that peers are worried about STDs, but it varies by gender. Girls worry and boys do not. Girls felt boys are not concerned about STDs but that worrying about catching something might make a girl put off having sex. Generalized risk for and prevention of STDs were known among the girls. A girl age 15 discussed the linkage between number of partners, multiple partners, lack of condom use and risk:

Because there's the ones that actually, they'll think about it and then they'll use it and then you know, they'll be smart with it, but still you shouldn't be doing all that anyways with a whole bunch of different people. But then there's ones that do it, use it but 'oh bro it don't feel the same' dadada, 'I'm just gonna go in raw' nanana, and then they get somebody pregnant and then they hit on somebody else and then they go back to her but they don't know that somebody else is hitting off her too, and then the dude that's hitting her give her something and then she give him something and then he goes back to the girl and he gives her something and it's like big ol' circle.

It was also noted that you cannot tell if someone has an STD by looking at him/her and that someone might not be upfront about their sexual history. Another 15 year old girl made an interesting distinction between serious STDs like HIV/AIDS and others such as chlamydia. She explained how boys might worry about the serious ones but not the ones considered less serious. Whether this distinction might be based on treatable/not treatable, symptom/symptom-less or some other distinction would be useful to know as a component of educational programs and discussion sessions targeting these youth. Girls were slightly more optimistic than the boys that kids their age are using condoms. One girl made the link between girls' concerns about catching an STD and subsequent lack of condom usage; boys get in your ear—they talk girls into unprotected sex. This implies boys possess agency while girls are acquiescent.

A vignette from a mother further illustrates the intersection of male disregard for STDs and female vulnerability:

No, it's like not a worry for them. Some kids have had gonorrhea and syphilis and all that, and it's just like nothing. You know, one little girl, her mom said she took her to the doctor's, she got her little medicine, and, you know, she had to take it for a week or whatever. She went right back and slept with the dude who had it all over again. So you – I'm not faulting the daughter. You didn't educate her on that. You know, she's what? I think she was like thirteen or fourteen.

This alludes to multiple points of culpability: medical, parental, and interpersonal. Medically, there needs to be discussion of re-infection if the partner is not treated and the risks of untreated infections. The parent needs to reinforce the medical messages, monitor medicine compliance, and help establish strategies to prevent re-infection. At the interpersonal level girls need to be empowered to communicate with their partners about these issues. Unfortunately, this was not the end to this story. Later in the telling of the story the adult female added that two of the young girl's female friends also contracted the STD presumably from the same man. Everyone involved remained silent about the situation and continued risky practices.

Another mother perceived condom usage in an alternative light. Instead of using condoms to protect your partner from STDs and unintended pregnancy she thought that boys use condoms with their side "flings." They do not want their girlfriend to know that they are messing around so they use condoms to prevent the other girl from getting pregnant but continued non-condom usage with their main relationship.

5.3.2 HIV/AIDS

Similarly, questions about HIV/AIDS produced mixed responses. Two of the mothers thought that it was something the kids did not talk about. A third mother was hopeful that kids would be

more cautious because of AIDS. Although they were not asked directly, not one of these mothers indicated that they had talked with their children about HIV/AIDS. And there was not much conviction among the mothers that youth were using condoms. One mother shared her own moment of realization about HIV/AIDS; she had believed it was a “gay” disease until Magic Johnson disclosed that he had contracted the disease. She further prophesized the pathway of spread:

I knew it was real, and I knew for a fact it would be hitting these areas like that. ‘Cause older guys who sold drugs and had money was sleeping with all these young girls. And it’s mostly the moms putting these girls out there because the guys give the mom money for messing with the girl. It’s just – It’s sad.

There are age and economic power imbalances in the types of sexual encounters described above and it is not hard to imagine the improbability for the young girls to negotiate condom usage.

Coupled with

The girls – The moms I mean – they pretty much tell they daughters, “As long as he got money, go ahead on.” They don’t care about – This is another thing they believe, “Girl, forget... Don’t he take care of you? Forget about her. Let him have all the girls he want as long as he does for you” (Adult Female)

and the probability of outcomes such as STDs, HIV, or unintended pregnancy seem almost inevitable. Young women are biologically at increased risk for contracting HIV/AIDS for reasons including male infection with an STD (Muula 2008), immature cervix (Muula 2008), and bruising or tearing during sex (Economic Commission for Africa 2009).

Adolescents discuss worrying about HIV/AIDS because “it can kill you.” The worrying however does not always translate into discussion about the issue. One 16 year old girl describes a kind of exaggerated response to school-based education about the disease:

Girl: But if they say anything else like ‘how to have sex’ they’ll be like ‘oh shunn’ they don’t even pay attention to the teacher, they be like ‘un you want to play some cards’ ununun so it’s like, yah, our next topic is

AIDS...what oh shh, bro shh, chill, calm down, I'm trying to hear but do they talk about it-no. Like when they, when the teacher asks for questions like when they say how to have sex oh they'll ask, oh they'll add, answer all these questions 'oh... so' dadada but whenever it comes down to them asking questions about AIDS don't nobody raise their hand.

Interviewer: Why do you think that is?

Girl: Cause they're scared, they're scared. They're like so, they're I mean I'm, I'm not the type of person that will be scared to ask somebody something but what am I asking the question for if I don't do it. But I, if, if I still had health class I'd be like 'so say, say your friend is hitting off this girl right, she's hitting off another dude and she catches something and then he hits off her again, and he comes back hits off another girl will they all catch it?' Yah, necessarily yah most likely yah. I'll be like OK I was just asking—'y'all is nasty. Y'all nasty.' That's something I would do I'd just be like especially you..and ta. So yah yah they don't, they don't ask questions 'cause they already know what the answers gonna be, so that's the reason why. ...

Interviewer: But it never comes up as a concern about having sex?

Girl: Nunhun...They'll, they'll, they won't, as soon as we leave that class they will 'why'd we ever, why would we ever talk about that?' Cause y'all are in high school and y'all have sex—duh. That's why it's a sex education class. Couple be like 'I don't want to talk about that. Dadada I already know' dadada 'dang this stuff makes me nervous.' It should, dumb-dumb.

This description reflects a range of beliefs along the Precaution Adoption Process Model (Weinstein and Sandman 2002) particularly Stage 2: Unengaged by Issue and Stage 3: Deciding About Acting. Overall, youth are aware of HIV/AIDS but from the discussion above there is not a decision to act (neither a decision not to act nor a decision to act). Instead there is paralysis, there is a refusal to bridge the divide between general knowledge about HIV/AIDS and personalized risk. This is consistent with health behavior literature on perceived susceptibility and its relation to mobilization to action or in-action. This sense of denial was further alluded to by an adult and a female adolescent interviewed, who both stated that nobody goes to get tested.

While STDs were one component of sexual risk this was often commingled with the risk of pregnancy. And for some the risk of pregnancy was explicitly or implicitly of greater concern. The following section explores the perceptions for risk of pregnancy.

5.3.3 Teen Pregnancy

Nowadays these kids just having kids. I'm talking about 12, 13 years old.
Just kids having kids (Adult Female).

5.3.3.1 Prevention. The first adolescent interview was with a 15 year old boy whose girlfriend at the time was expecting their first child. When asked how a boy or a girl might go about obtaining birth control he was confused about boys getting on birth control. Prompted further about preventing pregnancy he said to use a “rub” [condom] or “pull out...which is hard but not that hard.” Not getting a girl pregnant was a priority for many of the boys interviewed (six of the eight boys interviewed mentioned pregnancy as a concern when having sex), and for the boys the main way to prevent pregnancy was to wear a condom. What girls could do to prevent pregnancy seemed like a black box for the boys: one boy said he had never had a conversation about birth control with a girl, and another boy said girls could go on the pill or get their tubes tied. Circling back to the discussion on messages adolescents receive about sex, a 16 year old boy thought there should be a question in the interview about how you get a girl pregnant. This was confusing as he had stated that boys do not want to get a girl pregnant— it was their major concern when it came to sex. As the interview progressed it became clear that he wanted information on the biology of how girls get pregnant. This is something he did not know but should in order to help accomplish his goal of pregnancy prevention. School and family have not provided the needed information. And for all the exposure to sex through media, there is rarely any mention of risk involved with sex or the use of birth control.

The adults were conflicted about birth control for girls. One mother described the “go ahead and do it” strategy she felt was common among her peers; when daughters show signs of puberty take them to get birth control. The mothers have done their duty in protecting their daughter from pregnancy but without discussion of their becoming sexually active. The mother who described this did not opt to take her two adolescent daughters for birth control as she felt that was a license to engage in sex. During a Community Advisory Board meeting members were asked what motivates mothers to put their daughters on birth control and it was explained that they do not want to be grandparents yet. She did not attribute it to wanting to safeguard their daughter from pregnancy but rather as a way to forestall the role and responsibility of being a grandparent. The shot [Depo Provera] was mentioned as a common choice for birth control and for expected reasons; it is highly effective, long lasting, and not as subject to user error. While the parent might not be monitoring other aspects of her daughter’s life, when it comes time for the shot “they gonna make sure that happens.” The morning-after pill was mentioned by only one person, an adult.

However, there were many direct and indirect examples of adolescents who were pregnant or who had babies. Comments made included

Well, for boys it’s bound to happen anyways. It’s bound to happen. They just waiting on the times just ninth, tenth, or eleventh most twelfth graders already got kids so you know, there’s no, you know, you’re just waiting for boys (Girl, 16).

So that’s new now, babies is just popping up (Boy, 15)

As a society, the question that tends to get posed when confronted with teen pregnancy is “how did this happen?” Was this a lack of information, lack of access to services, irresponsibility, birth control failure, hormones, or was this intentional? Based on discussions with interviewees, the answer seems to be “yes,” all of the above. In the same manner as adult pregnancies, the

circumstances resulting in a teen pregnancy vary. The major difference from an adult who is pregnant is that as a minor your decisions are brought within the sphere of your adult caregiver. Will parents help in caring for the baby or will they kick you out? Will they pressure you to continue the pregnancy or to have an abortion?

The idea that pregnancy is intentional has its roots in several arguments. For adolescent boys it is argued that fatherhood is a marker of adult and masculine status. For girls it is argued that a baby fills the void of a fragmented home life, provides unmet need for love and affection, marks adult and feminine status, and may secure (“lock down”) the male involved. References were made to support all of these explanations. In particular, having a baby or multiple babies by different women was typically associated with the “thug type” boys. The “thug types” are described as “hard” and of the street, either selling drugs or known for violence. There is a hyper masculinity and a devaluation of women associated with the persona. An adult female thought that some girls do want to get pregnant as they think it will “keep the man.” One boy also mentioned that he could think of a few girls who were not worried about getting pregnant. A girl (age 16) tended to normalize high school girls having children, not remarking on it being unusual. For her the exceptional case was when the girl did not know who the father of the baby was. She told the story of a 9th grader who “let” 10 or 12 guys run a train on her and became pregnant, not knowing which of the men was the father.

Boys’ ideas for preventing pregnancy remained limited to those options considered within their control: condoms and withdrawal. Among the boys there was little to no knowledge of more effective birth control methods such as the pill or shot. Girls are aware of more options available to them but use or nonuse of birth control is complex. Factors affecting use include whether it is self initiated or parental, issues of access and confidentiality, perceptions of need

and effectiveness, side effects, social acceptability of use, partner preferences, and user adherence.

5.3.3.2 Deciding What to Do. As with any pregnancy there are three perceived options: have the baby and keep it, have the baby and place the baby for adoption, or have an abortion. The impression initially garnered from preliminary conversations was that abortion is not an option among the African-American communities in this region. The anti-abortion sentiment is based on the belief that it is against God's will. If the girl gets pregnant then the family must accept the consequences (personal communication 7/14/09). After several interviews this initial framing of abortion did not seem tenable. Parents and girls mentioned abortion during the discussion on what it is like when a teenager is pregnant. As the interviews with adolescent boys progressed the subject of abortion also came up.

One mother discussed abortion as a form of birth control.

Girls that get pregnant, they think that's the answer... 'Cause she's like twenty five. She got seven kids. None of them got the same dads. And she's probably had about ten abortions before so. ... I think they say you're only supposed to get two or three. But what they do is use another friend's name or go right on down, do it all over again. ... But then I also heard you can go down to Magee and cry and boo-hoo, and they'll give you the old free abortion. Or it's either they got a payment plan or they pay so much. It's crazy how these girls, they investigated that abortion. Now, that's the only thing they put that effort into. "I don't want no kids, so... But I don't got the money. I'm calling down there." Start crying in an instant. Girl the other day told me it worked a couple times.

In addition to the political and moral challenges to abortion the above quote highlights how abortions are costly and difficult to arrange. Economic barriers are prohibitive in and of themselves but these are greatly compounded by laws specifying further requirements for minors.

Two girls discussed abortion, and in both instances it was a decision being forced on the girl: in one case it was the boy pressuring for an abortion and in the other it was the girl's parents. In the instance of the boy wanting to terminate the pregnancy the story continued with the boy then distancing himself from the girl. Things got too real, more than the boy was prepared to handle, and resulted in his abandoning the relationship. The story about the pregnant girl's parents pressuring for an abortion was because the parents felt neither the girl nor they were ready to take on the responsibilities of raising a child. One mother said that some parents will make their child have the baby even if the girl wanted to have an abortion because the parent does not believe in abortion. Two boys (ages 16 and 14) acknowledged it as an option when a girl is pregnant although the younger boy referred to it by saying "they kill 'em." Interestingly, adoption came up only once in a discussion with an adult as something parents might make their child do.

Abortion was a recognized option for both genders, contrary to initial generalizations that it was not even considered. Quantitative and qualitative differences in adolescent gendered views of abortion would be useful for informing prevention and abortion services for this population. Exploration of relations of power in the decision to have an abortion would be important as multiple inequalities intersect: ages of partners, gender, low socioeconomic status, and legal and social standing as a minor.

5.3.3.3 Raising the Baby. "...mamas' babies, papas maybe (Adult Female)."

Noted by all subgroups of interviewees was the possibility that the father of the baby will deny paternity. Some disregarded males' concern over pregnancy because they can walk away.

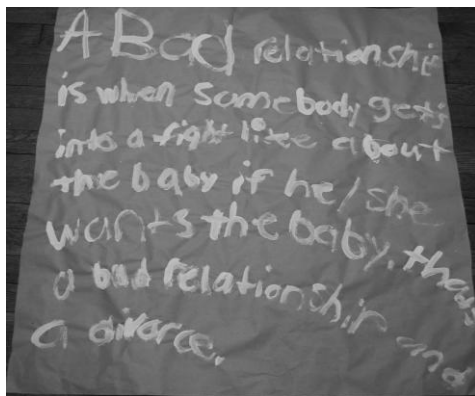
If the girl is, if the girl is a smut then you don't got nothing to worry about 'cause she probably [inaudible] how I want to say yah but, she probably did it to the whole, like, say if we're in Braddock and you get her in

Braddock and she says she's pregnant all you got to say is, is it's not yours. She probably did it to the whole Braddock...like that's a smut. Like, you can tell a smut. They be like living it up man, I'm telling you just saying go to the club, go to the club they be all smuts (Boy, 15).

It seems relatively formulaic to challenge the pregnant girl's reputation and then challenge paternity. This was referred to as not "claiming" your kid.

During the VV sessions with the younger youth, there were two references to the friction that a pregnancy produces within a relationship. The first instance was a discussion among the girls on what would happen if the couple does not agree on having children—she wants to and he does not. One girl felt they could work through it if they had counseling and another felt they would split up. When asked to paint about a "bad relationship," a boy created the piece in Figure 24 that he described as a tale of independence: marriage, kids, and a place of your own. Whether the pregnancy leads to considerations of marriage and a new home is not clear; what is clear is that the process has the potential to be contentious as individuals diverge in their preference for the order and timing of these life changes.

Figure 24: Fighting over the baby (Boy, 10)



[Tell me about what you painted]
Not good to get married when you're older.
Kids fight about whether they want the baby or not. A house, kids want to leave their parents house.

Text:

"A Bad relationship is when somebody gets into a fight like about the baby if he/she wants the baby. That's a bad relationship and a divorce."

Paternal abandonment was not always the case, and a 15 year old girl had a very interesting take on young men and fatherhood. She thought boys in high school took more responsibility for their children than men 20 and older. She explained that a boy still in high school would be judged by potential girlfriends if it was believed that he was not taking care of “his own.” When opportunity arose to ask a young man if he thought younger men took more responsibility for their kids he responded that he definitely agreed, but he gave a different explanation for why he felt this was true. He believed that younger boys see examples of older men not taking care of their families and they do not want to be like them, they want to do it differently. He was asked if this somehow changes as the man gets older, and he responded that it does and he then becomes the counter example for the next generation of young boys. Additionally, a boy (age 15) and girl (age 16) both distinguished paternal involvement based on how serious or casual the relationship was. One-night stands, drunk sex, and just messing with someone results in less or no paternal involvement, whereas a young couple who have spent more time together and developed other facets of a relationship are more likely to approach parenting together.

Within this dynamic of younger males attempting to take responsibility for their children, there was the specific example of two teenage brothers, one who was expecting his second child and the other expecting his first. In both instances the boys were involved with the girls and their mother was actively helping with the pregnancy/ childrearing. As fieldwork progressed, the mother of the two boys was very frustrated because she felt that both girls were not letting her sons be fathers to their babies. The eldest of the two boys had begun to see someone new, and the mother of his children restricted his access to the kids because she did not want them around his new girlfriend. It was less clear why the younger son was barred from seeing his child

although later reports were that he was also seeing someone new. There is much talk about young men not being there for their children but this glosses over variations in definitions of providing or caring for your family as well as reasons for the lack of participation.

Two extremes of family assistance were described for raising a baby with an adolescent mother: first the parent(s) of the young mother would expect her to take full responsibility or they would step in to support her.

Really it's supposed to be the teens who have, you know, they wanna do it, you're supposed to take care of your kids. If your parents is like that, I say it like that, if your parents is harder on, you know, you did this, you laid in a bed and had a kid, you gonna take care of your kids whatever but be there with them but don't act like you don't doin so much for them you let them do it yourself. Like pay for a babysitter, so what, you the grandma, you got, you got a baby. I need my pay, I had to pay for somebody to watch ya'll. So you don't baby, you just don't volunteer yourself to baby-sit. "Oh when I go out, mom, you can watch" I can watch the kids—No. You don't do that. You gotta find a babysitter. You gotta pay a babysitter, when you want me to babysit you gonna pay me to babysit your kids. Make it harder, not make it easier for them. 'Cause if you make it easier they keep on doing it and having kids (Adult Female).

No. Nah, it's either...nobody to watch it...most of the time, or just too tired. Or you ain't got nowhere to stay. 'Cause that's another reason why a lot of kids don't finish school: they're like homeless, like some parents pay the rent for three months, and then bam, "you got to go." So you're like living from here to here to here. How can you be focused on school if you don't got no – you won't have a good night's sleep, no...So nah. That's why they don't finish. I think a lot of them want to, but then they don't got parents encouraging them and telling them, "You can do this. We can do this." They just – Parents are like, "You on your own! I raised my kids!" I hear that a lot. "Psh, she can have all the kids she want to, I'm not raising them." Well, it's your grandkid, you know? You should want what's – I mean, and they're – What's so sad is that be from parents who you had a kid when you was 15. And your daughter's – at least she's 17. And you can't even say, "You know what? Baby, I know it's gonna be hard, but, you know, the decision's up to you, but I'm going to support you." You ain't gonna get that. They don't even see, "Yeah, it was hard for me" (Adult Female).

As expected, the general consensus was that having a child was much easier with supportive parents. Other responses to who would care for the baby included the paternal grandmother, friends, put the kid in a “child place” or daycare, and the government. If the mother entered into a new relationship, the man might care for the child as if it was his own. It was also mentioned that a pregnant teen or new mother might opt for home schooling, although what home schooling entails was not clear.

When asked about maternal and paternal responsibilities in raising the baby, an idealist belief in mutual responsibility was expressed by all interview subgroups. One mother/grandmother expressed this as joint responsibility in raising the baby but also men needing to support the mother of their child:

[T]hey both gots to have responsibility. The father have to be there, you know, really have to support the mom and the baby not just the baby, the mom and the baby if you really had a kid with her and you know all babies need their mom and dad.

Girls were most likely to express the belief that responsibilities should be the same for mothers and fathers, whereas boys often expressed a father’s duties as providing material things.

I mean the girl’ll take care of it and the boy, like I mean, provides like clothes and all that stuff and the mom is like the caregiver and all that stuff (Boy, 15).

The reality of parental responsibility was often viewed as the young mother raising the baby. A mother’s responsibilities for raising the baby were often described as “being there,” “taking care,” and “being a good/nice mom.” A boy (age 14) said that “if she get frustrated can’t hit ‘em.” And although many boys commented that fathers should provide financially and materially, this was often not the case. A 16 year old girl described what it was like for girls in her school who were mothers by thugs, the thugs have the reputation for having lots of money (“he brings in like \$2000 every day”), but it was the girl that had to get a job to pay bills and

support the baby.

Younger males who participated in VV seemed to anticipate becoming fathers. One boy's hopes and dreams for the future included a

...college degree, find a hot chick and ask her questions and get to know her, go out, have some fun, get some clothes and diamonds for her. A year or something later get married, have two sons because they can defend each other, teach them how to fight.

Among these boys there was talk of being the right man, respecting girls, marriage, having children, and being in love. There was also the idea of taking these steps slowly, planning for such things as marriage and children. The boys expressed a desire for male children and two reasons were given for this preference: with girls "boys are all over them," and boys are able to protect the family. The desire for twin sons came up as protection for the family and for each other. There was an emphasis on teaching their sons how to fight from a young age. Boys from the first Visual Voices cohort spent some time discussing the dimensions of "protection" and "fighting." They articulated a circular understanding of how these concepts relate to relationships and reproduction: boys fight in order to demonstrate strength and impress girls; the male's role in a relationship [here both romantic and son-mother] is to protect women; men want to have sons to continue the cycle of protection and therefore sons must learn to fight.

5.3.3.4 Baby Mama Drama. The concept "baby mama drama" was introduced by a 16 year old girl. The small sample size for this research makes it impossible to speculate how frequently this occurs.

Girl: Baby mama drama is when you have, for us in our school, more than one baby mama in the same school... And then they fight and argue because either she thinks or the other mom thinks that he's not doing enough for the child.

Interviewer: OK, so it's one guy?

Girl: Yah. It's one guy and he'll have like four or five babies' mom, which is kinda nasty 'cause they all be friends... And they'll try to play cool, you know, 'oh that's my girl even though' dadada deep down inside you know you hate her. And they'll start arguing about the child, 'oh you haven't bought JJ a pair of Jordans but you can buy him a pair of Jordans. All he's getting is Converse and Nikes' and dadada... That's baby mama drama right there or the jealousy... He'll have a baby mama, like this dude has a baby mama but he don't go there no more, he has a new girlfriend but they don't have a child so she gets jealous because he's with her but she has his child. So that's another part of baby mama drama.

Multiple dimensions of relationships, gender dynamics, economics, and aspirations are at play in the exchange above. Females are united by a history of friendship and having children by a common male, but divided by jealousy. There is explicit jealousy over comparisons of material items provided for the children but also an implicit jealousy for his time and attention. There is recognition that having had a child together adds a certain value or meaning to the connection between a man and a woman and this might threaten new relationships.

5.4 HOPES AND DREAMS FOR THE FUTURE

Of the six boys interviewed who responded to "where do you see yourself in five years?" two did not know, three expect to be attending college, and three dream of a career in athletics either as a player or coach. Of the four girls who responded, all four wanted to pursue post high school education such as college (n=3) and a RNA program (n=1). Of the three who discussed college, one had thought about becoming a nurse and the other two did not specify. Only one interviewee mentioned finding the right person and getting married.

Visual Voices participants were asked to write and draw about their hopes and dreams for the future. Five girls and ten boys completed the task using white paper and sharpies. Among the girls, two said that they want to be a doctor, one a lawyer, one a marine biologist, and one

wants to obtain a masters in either counseling or communication (her backup was to become an actress). Two of the five girls included a relationship in their hopes and dreams, see Figure 25 for an example.

Figure 25: Hopes and Dreams (Girl, 12)

My plans and dreams for the future are
to get married and have a good relationship.
I want a big house and a nice car and
alot of money. When i grow up i want
to be a Marine biologist, (someone who studies animals)
because i really love animals and i want to
learn more about them. And save
Their lives.

Text:

“My plans and dreams for the future are to get married and have a good relationship. I want a big house and a nice car and a lot of money. When I grow up I want to be a Marine biologist (someone who studies animals) because I really love animals and I want to learn more about them. And save their lives.”

Of the ten boys, three anticipated a career in sports. Four boys included some type of relationship in their hopes and dreams, whether this was marriage or a partner, and three included having kids: two of these specified having a son and the third a son and a daughter (Figure 26). Three of the boys referenced financial security, see Figure 27.

Figure 26: Famally (Boy, 10)

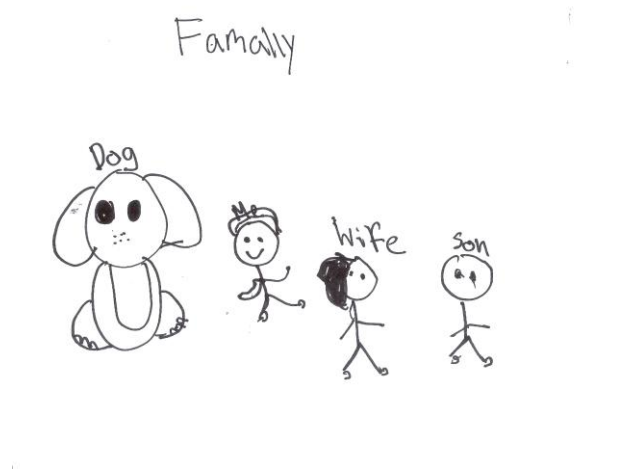
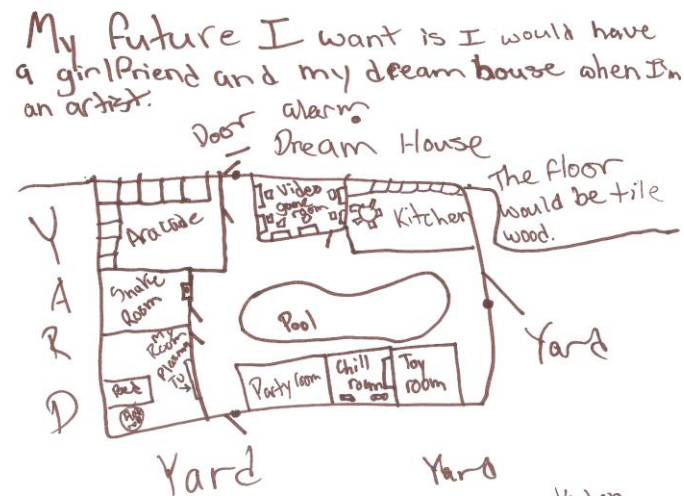


Figure 27: Dream House (Boy, 11)



Text:

"My future I want is I would have a girlfriend and my dream house when I'm an artist."

Future aspirations, particularly among the older adolescents, tended to follow a predictable gender divide of sports and nursing. Overall, the younger girls in VV aspired to greater achievements than the older girls, and while sports were still an aspiration among the younger boys, there was a greater variety of careers such as culinary arts, artist, game inventor, and lawyer. Younger boys and girls highlighted relationships and future children more than older youth.

Table 7: Gender Comparisons

Theme	Similarities	Boys	Girls	Younger Boys
Concerns: STDs	STDs were mentioned by both boys and girls and condom use was identified as a preventative measure. Multiple examples and rationales were given for condom non-use.	Condom usage was seen as irregular and STDs were either a concern that got lost in the heat of the moment or not an issue. If you suspected you had an STD you tell your mother and go to the doctor.	Girls felt that peers are worried about STDs but it varies by gender. Girls worry and boys don't. Generalized risk and prevention for STDs was known among the girls. However, this did not always translate into condom usage.	Not applicable.
Concerns: HIV/AIDS	Overall, youth are aware of HIV/AIDS but there is a refusal to bridge the divide between general knowledge about HIV/AIDS and personalized risk. The perception is that no one gets tested.	Overall, youth are aware of HIV/AIDS but there is a refusal to bridge the divide between general knowledge about HIV/AIDS and personalized risk. The perception is that no one gets tested.	Overall, youth are aware of HIV/AIDS but there is a refusal to bridge the divide between general knowledge about HIV/AIDS and personalized risk. The perception is that no one gets tested.	Not applicable.
Concerns: Pregnancy Prevention	Both genders felt that among their peers some boys and some girls wish to prevent pregnancy. There was mention of boys who did not worry about getting a girl pregnant and girls who might want to get pregnant.	Boys' ideas for preventing pregnancy remained limited to those options within their control: condoms and withdrawal	Girls are aware of more options available to them but use or nonuse of birth control is complex.	Younger males anticipated becoming fathers. There was talk of being the right man, respecting girls, marriage, having children, and being in love. There was also the idea of taking these steps slowly, planning for marriage and children.
Concerns: Pregnancy and Deciding What to Do	Abortion was a recognized option for both genders. Adoption was not discussed. Finding out about a pregnancy was usually described as felling shocked.	Abortion was a recognized option for both genders. Adoption was not discussed. Finding out about a pregnancy was usually described as felling shocked.	Abortion was a recognized option for both genders. Adoption was not discussed. Finding out about a pregnancy was usually described as felling shocked.	One younger boy painted about relationship conflict over having a baby.
Concerns: Raising the Baby	The idealist belief in mutual responsibility was expressed by boys and girls. However, parental responsibility was often viewed as the young mother raising the baby. It was felt that pregnancy and having the child pushed the man involved away.	Boys often expressed a father's duties as providing material things. An option for boys was not to "claim" the child.	Girls were more likely to express the belief that responsibilities should be the same for mothers and fathers.	Younger males anticipated becoming fathers. There was talk of being the right man, respecting girls, marriage, having children, and being in love. There was also the idea of taking these steps slowly, planning for marriage and children.

5.5 ADDITIONAL THEMES

The research findings above reflect the organizational domains of the interview guide and Visual Voices session topics. Additionally, three themes provide insight into the conceptual model domains of gender relationship expectations and roles, and economics resources: gendered scripts, same-sex relationships, and the economics of relationships. My first adolescent interview was rooted in fixed conceptualizations of gender behavior—smuts, lurching, “we good,” and fatherhood responsibilities that depended on the sex of the child. It was during the

second adolescent interview when same-sex relationships were mentioned. It was all cool to her as “love is love” and she did not seem to think it was stigmatized at all among her peers. The economic aspects of relationships became apparent in discussions of “thug appeal” and “hood rich.” This was further expanded in the artwork of the VV cohort.

5.5.1 Gendered Scripts

The girls, I get that all the time [inaudible] girls they be trying to say man whore or something like that, man ho or something like that, but it’s not bad on us, like they trying talk bad to you, meanwhile they’re a smut but it’s not bad on us, it’s bad on the female like ‘cause you’re a smut and you don’t want to be known as a smut yo (Boy, 15).

There tended to be three sexual identities available for girls: good girl, “smut/nasty,” and gay/bisexual. Characteristics of a good girl were either not being sexually active or requiring an extended period of time before having sex in a relationship. The label smut and or nasty encompassed any behavior felt to be promiscuous.

Everybody’s different ‘cause some girls are just nasty and will just talk to your boyfriend while [inaudible] and then [I’m not saying that they] had sex. But I think when you have sex with a boy like the first time some guy that’s just so unattractive... Or that’s like smuts [inaudible] anything with a whole bunch of boys on a regular basis (Girl, 16).

The above quote illustrates multiple dimensions of smut/nasty, which range from flirting with a boy who already has a girlfriend, having sex with a boy too soon after meeting, to dating multiple boys at the same time. Smuts is a derogatory term for females that is used by boys and girls. Smuts can be sexually aggressive and is also a term used to describe scantily clad women in the clubs. One girl used the term to describe girls who perform oral sex and one boy included a general reference to “what they’re talking about” as a criterion for inclusion in the category. When asked if there were any other terms to describe girls besides smut/nasty a boy (age 15) responded that was it. The assumption being made here is that for there to be a demarcation of

smut/nasty there has to be an out-group that is labeled as “the good girl.” This is consciously or unconsciously recognized by the girls interviewed, who would distance themselves from questions by noting that they would not “do that” (e.g. have sex), or they do not have any experience with that. An additional identity for women, bisexual or lesbian, is increasingly open or growing in frequency, or both, but warrants a more in-depth discussion in a dedicated section.

Labels for boys include “nice boys,” “thugs,” and “players.” A nice boy, or “keeper,” is a boy who does not call you out of your name (e.g. call a girl a smut) but there are not many of these types of boys around (girl 16). Nice boys demonstrate qualities of trust, treat girls with respect, go to school, and have goals for their future. It was noted by boys, girls, and parents that girls are attracted to thugs, with thugs being described as “hard” and a “hood dude.” The role is associated with aggression either through fighting or selling drugs, and thugs may be involved with gangs and shootings. Girls are attracted to thugs because they are “big men” in the community; they have money (at least the perception of having money), and they can protect you. Thugs are associated with having kids with different women and sleeping with many females at the same time. One respondent helped to clarify the difference between thug and player: “a player’s like a gamer, a thug is like a street person” (boy 16). In the simplest terms, a player/gamer is a ladies’ man. While the quote above from a boy indicated that there are no repercussions for sexually permissive males, a girl (age 15) had this to say:

Yeah, like I’m tryin’ to yeah [that’s] nasty. And then you don’t know who you’re having sex with, you can just get any type of disease. That’s considered a guy smut when you doing anything with any girl, just burning everybody just by having sex with all of those.

To try and “yeah” is to try to get girls to sleep with you, get them to say “yeah.” Burning everyone is to spread STDs. Girls might consider boys nasty too.

Visual Voices participants created stylistic representations of gender roles when they painted about “what boys/girls want in a relationship.” There was emphasis placed on girls’ physical appearance, and their desire for material items, money, and love. Boys saw their role as being one of protection, provider of material resources, and “being the right man.” The convergence of protection and provider illuminates the “thug appeal” for older teens. The economics of relationships will be discussed in greater detail in a subsequent section.

5.5.2 Same-Sex Relationships

I know little girls that are younger than me that’s dating, and half of them are the type gay that start liking girls- ... like 11, 12 (years old) (Girl, 15).

Female same-sex relationships were fairly common. This was discussed in interviews, came up immediately in the first Visual Voices group, and was the subject of discussions in the community. Quotes from interviews illustrate the perception of the constructed nature of sexual orientation:

There’s that [girls liking girls] going around too, everywhere, but everyone pretty much is down to me- love is love (Girl, 16).

...it’s to the point were it’s like ridiculous to me ‘cause I see young girls running around being gay, then I think people just following after each other. If you see your friend being gay so you want to be gay too. I just think that’s pathetic, I don’t think that’s cute (Girl, 15).

Yah, it’s been going around....It’s OK for girls, I’m not a big fan of boys with boys (Boy, 14).

This was reinforced by the conversations, noted earlier, in which it was felt that girls are influenced by Nicki Minaj (who is rumored to be bisexual) and emulate her. As suggested by the quote from the 14 year old boy, boys tend to stigmatize boy-boy relationships but accept or sexualize girl-girl relationships—“looked on probably be like a good thing” and “they freaks [boys], so they love girls who do that.” One mother shared her experience talking with boys

about male homosexuality during which they described acceptance of female same-sex relationships because there is no penetration versus the stigma for males because there is. A 15 year old boy said that other boys would not be around boys involved in a same-sex relationship. The acceptance of female same-sex relationships among teens was contingent on the girl attracted to other girls being honest about her preference (as described by a girl age 16). If you try to hide it your peers will not give you respect.

The younger participants also acknowledged same-sex relationships as an option. The first Visual Voices group started with discussion that this project focuses on “relationships,” and that there are many types of relationships. When asked what kinds of relationships there are, the first response was that “girls can like girls.” Another reference was involved the recent suicide of a young woman in the subsidized housing community. It was common knowledge that she was gay and she was well liked within the community. Two additional references to homosexuality occurred during a Community Advisory Board meeting. The first was in response to a discussion of girls being attracted to thugs and one board member thought that was interesting as she had heard that thugs are now on the “down low.” When asked what that meant, she explained they are with other guys. This led another board member to remember something that had happened to her; she was visiting a nearby housing community the previous year and the person she was with pointed out all the houses with female same-sex partners. Queried if this was an arrangement of social support or a relationship, it was noted that they were “living together, raising kids, intimate.” The final mention of same-sex relationships involved a young woman coming out to her family. When she did there was screaming and the woman’s mother fainted in the yard.

5.5.3 The Economics of Relationships

I look for their personality and all that. Most girls just going after their money. That's what I think (Girl, 15).

The role of money and material items came up consistently, across genders, starting with the young cohorts. This was imparted through gendered expectations and role modeled across generations. An adult shared this story:

A lot of them say – I'm about to give you this example. Girl, 14, she's messing with a 19 year-old. Never will mines be allowed to do it, because the mom said, "Well, he got money. Go on and get what you can get." That's the mom. The mom's like, "Hey." There are some moms who try to teach their kids, you know, "You want to stay away from the guys in the streets." But that's usually the mom who doesn't bring all different guys throughout the household in front of their kids. The ones who just are about money – and a lot of them are – "Girl, you better go on and mess with him. He got a couple dollars." They don't care that he's not working, he's selling drugs. Your daughter's life is in danger every time she step out this door with this guy.

There's a few moms who are really trying to tell them, you know, a man's supposed to treat you right, take you out and open the door for you and stuff like that, but not really in these type of neighborhoods. The mom is thinking of a way. "Okay, my daughter – If he's taking care of her, that's one less person I got to worry about." 'Cause, hey, I mean, you'd be surprised. There's no way – When the mother – When I asked the mother, I said, "Do you know he's 19?" And she said, "Well, yeah, he takes care of her." She's 14! You know, I couldn't imagine it. And some moms just feel like, "Hey, as long as he's providing for her, I don't have to."

This conversation was followed by an explanation that in her neighborhood you are brought up differently than in more resource secure families. Breakfast and lunch are not considered a necessity; if dinner is provided that is sufficient.

While girls are learning to seek financial gain in relationships, boys become more guarded about trusting girls' intentions. The same adult shared her impression of the rationale of boys who attend her after school program

And some of these boys, the reason why they treat women the way that they do is because they see their mom with so many different guys, they feel like, "Oh, she's just using him. I'm not gonna be used, so I'm gonna

get me a couple of them.” ... it’s probably hard for you to understand, but in our neighborhoods, that’s how it is. You know, most moms, no dads are around, and they pretty much will mess with somebody else to get the things that they need, and if it takes three people to help them – You know, somebody might be paying the rent, somebody might be paying the lights. Well, your kids are looking at them like, “My mom got all these boyfriends, and, you know, this man thinks she likes him, but soon as he leaves...” And a lot of guys feel like they don’t want to be used.

Antagonism between the sexes is established in the tension between using and being used, with relationships teetering on the challenge of maximizing personal benefit, with benefit encompassing the financial as well as sexual, social status, and the emotional such as love. A 14 year old boy described what girls look for in boys: “Umm, money... Yah, some is look for the big uh uh penis... Some are gold diggers; they’ll use you for your money.” Trade-offs are made, for example, “This is another thing they believe, ‘Girl, forget... Don’t he take care of you? Forget about her. Let him have all the girls he want as long as he does for you’ (Adult Female).” There might be an initial expectation of loyalty (trust) within the relationship; however, violations of this expectation may be buffered if other “needs” are met within the relationship.

Visual Voices participants frequently highlighted the role of gifts and money in relationships across topics: “Good and Bad Relationships” and “What Boys/Girls Want in Relationships.” There was clear recognition among both genders that girls like to receive gifts and to be taken out (Figure 28 and Figure 29). While presents make a girl feel special, a relationship based on money was considered a bad relationship (Figure 30).

Figure 28: Pay for Things (Girl, 10)



Girls want presents, like rings and flowers and chocolate and cards. The heart is candy chocolate. [Why do girls like these kinds of things?] They are girls and it makes them feel special. They want a man who can pay for things. [Are there feelings a girl may want?] Happiness.

Text:
"The girls what the guy to be happy."

Figure 29: Girls Want Money (Boy, 12)



Girls want money.
[what else?]
Love and protection. Boys want "bleep." [sex]
That's the censored version.
[asked what girls need protection from]
Protection from men, from predators and pedophiles.
[so what do boys want?]
Boys want love and "bleep."

Figure 30: Not with Riches (Girl, 13)

♥ Good Relationships ♥

Many people have their own definition of a "good relationship". My definition of a "good relationship" is two people together falling in love at the same rate / time. Not with riches, but personalities. ~~Riches~~

⊗ Bad Relationships ⊗

A bad relationship can be caused by many little problems. Maybe someone cheating, or even telling a little white lie and making it a lot worse. A relationship shouldn't be based on the things couples buy each other, but on the things they have in common. Basically the personalities and how they work together.

Text:

1st part—Good Relationship

"Many people have their own definition of a "good relationship." My definition of a "good relationship" is two people together falling in love at the same rate/time. Not with riches, but with personalities."

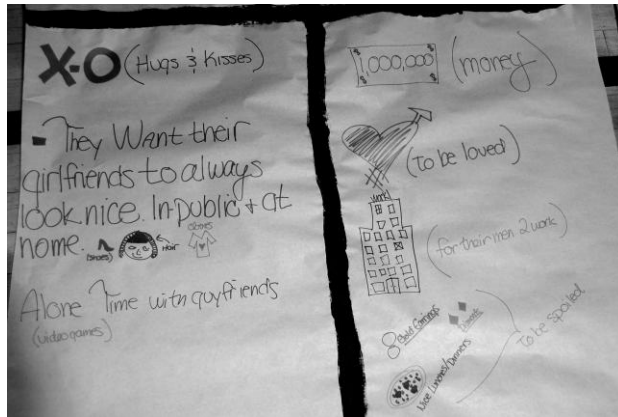
2nd part—Bad Relationship

"A bad relationship can be caused by many little problems. Maybe someone cheating or even telling a little white lie and making it a lot worse. A relationship shouldn't be based on the things couples buy each other, but on the things they have in common. Basically the personalities and how they work together."

One painting and associated text, while presented earlier, are worth revisiting with a focus on economics and relationship expectations (Figure 31). Girls want riches, they want their men to work so they do not have to, and to be spoiled (e.g. diamond earrings). In exchange, girls have to look nice and respect boys' need to have time away from girlfriends. The foundational importance of finances is illustrated in Figure 32. To get girls you need to have money so the question becomes, how does one get money? The story of Figure 32 was captured by two different VV facilitators. One description of the painting is given in the text box accompanying the figure while the second version went like this "man is cheating on his wife. She has suitcases and the woman is leaving. They fight so she's leaving." The combination of a violation of trust

and an inability to provide (as defined by the woman) resulted in the termination of the relationship.

Figure 31: Girls Want Money II (Girl, 13)



[Tell me about what you painted]

Girls want money, riches, to be loved, for the boy to work so they don't have to. They want to be spoiled. Boys want lots of affection-hugs and kisses. They want the girl to always look nice. Boys want alone time.

[asked why]

Girls can be annoying, they want time with their boyfriends.

Figure 32: Wait Until He Gets Older (Boy, 11)



Girl wanted things and the guy couldn't afford it so the girl got mad...girls want things from guys in relationships-jewelry, purses...girls my age. A guy might have to wait until he gets older. Kids my age have good and bad relationships. If people are in a bad relationship they start fighting and don't see each other often.

5.6 DISSEMINATION

5.6.1 Discussions with Community Members

It was fun and we got to express how we felt about relationships. And we got to be honest without someone else having to disagree (Girl VV participant).

There have been two main avenues for disseminating the findings of this research to community members: the Community Advisory Board (CAB) and a Visual Voices Display at the Braddock

Library. The CAB met four times over the course of the project and assisted with each phase of the research: purpose, interview guide development, recruitment, and analysis. At each meeting members received a summary of current research activities, discussed implications, and brainstormed ideas for next steps. Results from interviews and Visual Voices were presented in a way that solicited further insight from members. For example, findings were presented and then members were asked if it sounded similar to what they see happening around them. Also, findings were presented and members were asked to help explain/interpret them. In this way the flow of information was multi-directional facilitating triangulation and a greater depth of interpretation. The meetings were usually full of personal stories related to relationships, sex and parenting; updates on local events and mutual friends; suggestions for ways to help youth in their community; and much laughter.

Several important insights were generated from CAB discussions. During a meeting a member was questioning why kids were so sexual even before they were old enough to attribute it to hormones. She then told the story of finding a seven year old boy, behind her building with three young girls, instructing them on how to give a blow job. Another member responded “the only thing they should be doing at that age is going upstairs and writing the word yellow.” The disjuncture between what is appropriate child behavior and development, and the reality of what they see going on around them is perplexing and of great concern for these adults/parents/grandparents.

Another insight from the CAB meetings was related to a question about why boys in Visual Voices highlighted ‘protection’ in relationships. It was stated that everyone wants protection, and this has to do with the environment in which they live. Women want the “bad” and the “strong.” However, the potential negative trajectory of ‘protection’ was noted by a

reference to “Beauty and the Beast.” Someone could be a knight-in-shining-armor who then becomes your worst nightmare. When it was also noted that the young boys in VV expressed ideals of romantic love, treating women right, and marriage the conversation turned to what changes in these boys as they age. Members felt that these initial relationship expectations were muted by what they see happening in their homes and neighborhoods and that if boys experience too much (“push them out”) too young “they get ruined.”

The Visual Voices exhibit was on display at Braddock Carnegie Library (see Figure 33 and 34). All of the first group of VV participants and their parents were invited to attend a celebration of their exhibit. Three VV participants came along with two corresponding families. An overview of the findings was presented and when parents were asked what they thought about what the youth had to say, a father noted that the kids reflected the messages they get especially from media and what the youth expressed was very materialistic.

Figure 33: Display Panel 1



Figure 34: Display Panel 2



When asked “What do you think about the things kids had to say about relationships?”

some responses were these:

I think it was really important. Like if you were there you were able to hear it and experience it because we have so much to say. Like some parents don’t let their kids paint and express themselves because they have to keep their rooms clean. But here we were able to, or chose to express ourselves the way we wanted to.

Basically that they’re based off of trust and sex plays a role in relationships also.

Parents and youth were also asked, “What are your ideas for next steps? How can we use this information to promote healthy youth relationships?” Suggestions included:

I think the next step should be parental involvement.

Have a few scenarios of relationships, then we’ll have to decide which one is a healthy relationship. Talk to people about what is needed to make a good relationship and what makes a bad relationship.

Summary sheets were made available for the families and left behind for visitors to the library to read. Contact information for the researcher was also made available to the public if anyone had questions or would like to learn more.

5.6.2 Discussions with Local Service Providers

To date, findings from this project have been shared with staff from Steps to a Healthy Community, an organization servicing the catchment areas of the former Braddock Hospital. Steps provides patient advocates, counselors, assistance accessing health transportation and insurance, health education and coaching, and runs the UPMC Health for Life Summer Camp. Present at the meeting were the program director, a health coach, and the coordinator of the summer camp. The research findings reinforced the belief that youth in the community would benefit from a relationship program. The possibility of incorporating such a program into the summer camp was discussed contingent on foundational funding. There was strong interest to collaborate on a proposal to submit to foundations with the first step being a review of existing adolescent relationship programs to identify a core curriculum that could then be modified to meet local needs. It was anticipated that the program would also incorporate Visual Voices. Issues of sustainability and competence were discussed resulting in a feasibility proposal to involve professionals initially paired with local staff in a train-the-trainer model. Due to time constraints, foundations have not been approached for funding but VV sessions were conducted at the summer camp in 2012 with a focus on how aspects of environment (social and structural) impacted health more broadly.

6.0 CHAPTER 6: CONCLUSION

Only thing they think of is get a man, fall in love, have sex, kids. Going piece at a time, not looking at the big picture! (CAB Member)

Research described here explored how youth categorized as “at-risk” for negative sexual health outcomes perceived and gave meaning to intimate relationship and sexual “risk.” A secondary set of research questions included comparisons of the conceptualization and manifestation of risk across gender and two age cohorts of adolescents. Following the conceptual model presented in Figure 1, the results are discussed in relation to each of the domains and related literature. While presented in a way that implies discrete constructs, one of the conclusions from this research is that these domains are overlapping and co-construct perceptions of risk. Within the U.S., the tendency is to address adolescent sexual risk behaviors in isolation from the broader context of inequalities manifest in the current political and economic systems however, economic and power inequalities structure the ways within which the other domains manifest and interact.

6.1 KNOWLEDGE AND PRACTICE

A survey by The Kaiser Family Foundation found that the majority of adolescents and young adults are lacking information related to sexual health (Kaiser Family Foundation 2003). While not quantified, the research presented here supports the need for greater provision of information related to sexual health and protective practices. Four issues related to knowledge about sex were discussed during the interviews. First, the separation of oral sex as not sex and vaginal

penetration as sex down plays the disease transmission risks of oral sex (Bersamin, et al. 2007; Brewster and Tillman 2008). Information about sex provided to adolescents needs to include risks associated with non-coital activities and this would also include anal intercourse; although this was not specifically referenced by any participants in this research. Second, the request from a young male to explain the biology of how girls get pregnant illustrates inconsistent or a lack of information. Third, the connection between learning about sex and pornography demonstrates a seeking of information but in a manner that has the potential to be misogynist and depicts sex as risk free (MacKinnon 2005). Fourth, the use of the internet to acquire information is potentially harmful without discrimination as to the reliability and credibility of the source.

Issues related to the knowledge and practice of safe sex included limited knowledge of the many types of birth control available (and a corresponding lack of knowledge on access), a focus on prevention of STDs or pregnancy to the exclusion of the other, a denial of any risk for STDs, and a lack of communication on treatment for sexual partners when an STD is diagnosed. As described earlier, older adolescent males advocated for the use of condoms, withdrawal, and tubal ligation for preventing pregnancy. Other methods available for pregnancy prevention, that are female controlled, such as birth control pills, the patch, intrauterine devices, implants, or Nuva Ring were not discussed. Females noted that if a girl wants to use birth control she will go to the “clinic” and mention was made of pills and the shot. Discussions with adult females and members of the CAB generated two additional perspectives on contraception usage: the strategy of some mothers who take their daughters for birth control when they reach puberty and frustrations with the side effects of available birth control methods. Taking their daughters for birth control however does not address risk for STDs. When compared internationally

adolescents in the U.S. are less likely to use birth control pills and multiple methods (e.g. “belt and suspenders” which is the concurrent use of condoms and pills) (Santelli, et al. 2008). There is a need for increased information, accessibility, and acceptability of birth control for adolescents in the U.S. This is consistent with findings of teenage and young adult contraceptive use in the U.S.; minority women ages 15-24 were less likely to use highly effective methods of birth control, use birth control at last intercourse, access reproductive health services, and more likely to associate birth control with side effects (Welti, et al. 2011).

Both male and female adolescents advocated using condoms to prevent STDs, however it was acknowledged that actual use is sporadic, “some do, some don’t.” Reasons given for a lack of condom use included that it does not feel the same, insistence on use might indicate infidelity or a current STD, a desire to become pregnant, and a lack of concern for contracting an STD particularly among males. Discussions of negotiating condom use implied male agency and female passivity; boys are able to talk a girl into unprotected sex (boys “throw it off”). When viewed within the power dynamics of a younger female in a relationship with an older male who is providing financially, the ability to insist on condom use or counter condom coercion is unlikely (Rosenbaum, et al. 2012; Teitelman, et al. 2010). Teitelman et al. identified several types of condom coercion such as “emotional manipulations, ignoring requests, insinuating promiscuity, leaving, minimizing risk, condom sabotage, forced unprotected sex, and having sex with someone else” (2010:9), several of these strategies were described by the adolescents interviewed for this research. Additionally, the story of the young girl who received treatment for a STD, went back to her partner, and several of her friends contracted the same STD alludes to a lack of knowledge or inability to advocate treatment for partners.

Throughout the discussion of knowledge and practices related to sexual health there is an undercurrent of inequality by gender, age, and economics. Girls acquiesce to the preferences of boys, younger girls are less able to advocate for safe sex in relationships with older boys, and girls who receive financial support from their partners are less likely to use condoms (Di Noia and Schinke 2008; Rosenbaum, et al. 2012; Teitelman, et al. 2010; Tobey, et al. 2011).

6.2 ROLE MODELING AND MESSAGES

I think the main messages just come from your friends and music and movies and stuff like that...I don't think nothing else really has a big impact on how you feel about sex (Girl, 15).

The influence of parents and peers on adolescent relationship expectations and perceptions of sexual activity and risk has been detailed in the literature (Blake, et al. 2001; Buhi and Goodson 2007; Di Noia and Schinke 2008; Gallegos, et al. 2007; O'Donnell, et al. 2001; Pedlow and Carey 2004; Ramirez-Valles, et al. 2002; Roche and Leventhal 2009; Romer, et al. 1999; Schalet 2010; Tobey, et al. 2011). Generally speaking, greater parental investment and monitoring reduces and perceptions of peer support for and engagement in sex increases sexual initiation. Therefore, adolescents' perceptions of the influence of parents and peers related to sex initiation was investigated in this research and comparisons were made across age and gender. Furthermore, the content and influence of messages about sex from schools, church, media, and communication technology were explored.

Parental influences and messages are multifaceted and may be explicit, implicit or act as reference points based on witnessed relationship exchanges or role modeling. The paintings and stories from the younger Visual Voices participants depict adult relationships around them. They identify relationship struggles and the ways in which adult men are not living up to the

expectations of taking care, spending time, trust and respect; the ways in which they are failing to be the “right man.” Emphasis is given to idealized aspects of love and marriage, and more egalitarian gender roles. Relationships that do not at least attempt this ideal result in arguments, abuse, and dissolution. Throughout the findings described in the previous chapter there were several examples of how adult relationships impact youth conceptualizations. Generally speaking, instability in adult relationships has left a void in the role models available. During VV when youth painted a “perfect relationship” they were asked if they see examples of these types of relationships, and responses tended to be “not really” or “in movies.”

Among the older adolescents explicit messages from parents regarding relationships and sexual activity are devalued. However, implicit parental messages that convey gender stereotypes (girls need to be protected and refrain from sex, while boys are expected to be boys and engage in sex) inform sexual subjectivities and internalized gender ideologies. A gendered message is illustrated by an example provided earlier of a 14 year old girl at a party where an eight year old boy was passing out condoms; his mother did not mind because “he’s a boy and boys do stuff like that.” In addition to gendered messages, prior research has found that mothers communicate more with their daughters about sex and fathers communicate more with their sons (Tobey, et al. 2011). While the role of communication from fathers was not explored in this study, there was a general consensus from both older male and female adolescents that mothers invest more time discussing relationships and sex with daughters.

Schlegel and Barry discussed parental influences on sexuality: “a too early or too great push into independence can leave the individual, of either sex, with a hunger for unfulfilled closeness or the fear that this human need is unfulfillable, and thus it is safer to avoid intimacy” (1991:196). This mirrors a statement by a CAB member: “if you push boys out too early they

get ruined.” Research participants expressed this idea as gendered; girls are looking for love they did not get at home and/or the absent father figure whereas boys become closed off emotionally. The literature identifies age and gender differences for the protective role of parents: parental monitoring delays sexual initiation among younger age groups (Smith, et al. 2005) and time spent with mother is protective for girls (Ramirez-Valles, et al. 2002).

Adolescents’ peer groups serve as a reference point for others to make judgments about what you are like; who you associate with says something about you. Among the adolescents interviewed there was a tacit distinction made between peer groups believed to be involved with more risky behaviors (e.g. girls who are sexually promiscuous and boys who compete over sexual conquests) and those that support individual decision making and protective norms (e.g. wait until you are ready to have sex and don’t let anyone put their hands on you). In addition, peers are the preferred confidants and sources of advice for older adolescents regarding relationships and sex. In this manner, friends’ values, knowledge, and experience related to sex impact adolescents’ perceptions of acceptability and relative frequency of peer engagement in certain behaviors. Research has found that individual-peer influence is multidirectional, peers’ attitudes and beliefs about the cost of sex and condoms use influence an adolescent’s condom use (socialization) as well as adolescents’ attitudes influence selection of like minded peers (selection) (Henry, et al. 2007). Interviewees described a normalization of relationship control and abuse, beliefs about condom usage, and the idea of an innate male sexual proclivity and competition for “the number of bodies.”

When asked what messages youth receive from schools about sex there were three overarching responses: information related to puberty and safe sex, the message to wait to have sex, and that there have not been any messages from school (e.g. “same thing like, try to wait

until you're like, a little bit older and always use protection that's really I can say like, a teacher would tell you about sex," "I don't get no messages from teachers"). As one respondent noted, the message to wait from school would have the same impact as messages from a parent, being told not to do it would make adolescents want to do it ("teachers they try like, make it, not a bad thing but try and tell you not to do it so it makes you want to do it anyways like a parent").

There was no notable difference based on gender in the reported content or scope of school-based messages described by older adolescents in this research. This finding is in contrast to the findings of Tobey et al. (2011) which found that girls identify school as a source of sex education more than boys at a statistically significant level. While the research presented here investigated school-based messages from the perspective of the youth themselves, future research should directly include the classroom setting and types of curriculum used to compare actual versus reported. School is also a main setting where relationship dynamics are played out; the daily talk of who is dating who and, for the older adolescents, teen dating violence and drama.

A study investigating religiosity, attitudes (a range of attitudes towards sex from restrictive to permissive), and initiating sex found that there were effects for initiating sex by level of religiosity for girls and attitudes for both boys and girls (Meier 2003). In comparison, the research presented in this dissertation found that only one male expressed a desire to refrain from sex based on religious beliefs. For other interviewees religion was either not mentioned or not discussed as having an influence. The impression is one of relativity, for example when a boy age 16 was asked about messages from church his response was "You don't have to, like, you don't have to rush to do it like, you don't have to jump straight to nothing unless you want to." Meier (2003) distinguishes attitude as a more proximate variable than religiosity and therefore attitude mediates the effects of religiosity.

Media, which includes music, movies, and television, was discussed by participants more frequently and in greater detail. The quote that begins this section on role models and messages is informative as it suggests the greatest influences on how someone feels about sex comes from peers and media, which functions like a “super peer” (Brown, et al. 2005; Collins, et al. 2011; Strasburger, et al. 2010; Ward, et al. 2011). Media acts as a super peer by influencing attitudes towards sex and depicting a specific cultural construction of sex that upholds a heterosexual script, valorization of sex with no or minimalized consequences (Strasburger, et al. 2010; Ward, et al. 2011). The heterosexual script and degrading sexual representations promote masculinity tied to sexual conquest and femininity as sexually passive and physical attractiveness (Primack, et al. 2008; Ward, et al. 2011). Adolescents interpreted these sexual messages as promoting a positive view of engaging in sex: “messages like its good, you should have it every day by anybody.” References of preferred music most often invoked rap and hip-hop, genres known for degrading sexual references. The sex portrayed in media, particularly rap and hip hop, is misogynistic and repercussion free. It is a pursuit of fast money and fast women, usually interchangeable and displayed by body part.

Several female hip-hop artists have pushed the boundaries of the portrayal of women as objects for male consumption. The lyrics to “Da Baddest Bitch” by Trina depicts a sexually aggressive female and a focus on extracting financial benefit from men. While challenging phallocentric discourses of male aggressiveness and conquest, and female passivity and chasteness, this particular mandate ultimately reinforces another negative female stereotype the gold-digging whore (the femme fatale). Furthermore, while Nicki Minaj projects many personifications that seem to create an inability to classify, these personifications remain trapped within the boundaries of a male dominated rap industry.

Cell phones, the internet, and social networking sites are at the same time public health tools and avenues for exploitation and sexual solicitation of minors. Examples of risk given by participants include adolescents posing as older, adults posing as younger, sending sexually suggestive texts and pictures by phone, and girls posting pictures of themselves with few clothes on. Technology provides the opportunity for constant communication and monitoring and extends the reach of controlling relationships. Almost one third of seventh graders surveyed had experienced electronic dating aggression in the past six months (Robert Wood Johnson Foundation and Blue Shield of California Foundation 2012). However, communication technology is being utilized to provide teens with resources such as sex education and health care referrals (Hoffman 2009). Several locations have set up texting services where you can choose from frequently asked questions and receive clinic referrals or have anonymous exchanges with intervention staff (Hoffman 2009).

Gendered parental messages and communication, television and movies that promote a heterosexual script, and music with references to degrading sex converge to promote a masculinity based on sexual conquest and objectification of women (Sanday 2007). Furthermore, this study aligned with Sanday's description of the dominant gender script in the U.S. that allows for two types of females—the virgin/whore complex, (with the addition made here of a third category: bisexual/gay). Adolescent girls were referred to as smuts and ho's or else they belonged to another category that was not-smut, not-whore. The whore category encompasses ways of being female that are threatening to traditional masculinity and power, and includes sexually aggressive females and "gold diggers."

There were some notable differences between the younger and older adolescents who participated, with the most prominent differences between the older and younger boys. In

general, the VV youth referenced the relationships of the adults around them the same, if not more than peer relationships. This is reflective of the fact that their social worlds are still strongly connected to the family even as they are expanding to include peers. This has implications for messaging and targeting interventions for this age group and reinforces the idea that messages, at least from parents, should occur prior to initiating sex. Among older adolescents, both boys and girls, there was a discounting and avoidance of parental communication related to relationships and sex. For mid adolescents, trust was placed in, and advice sought from friends and siblings. The horizontal (peer) and vertical (adult) referencing of early adolescence was replaced with almost complete horizontal influence.

6.3 HOPES AND DREAMS

Hopes and dreams for the future are affected by economic conditions and perceived opportunities. The youngest cohort referenced higher goals, albeit gender appropriate; however, these become diluted with the older adolescents. When discussing the future goals of adolescents with adults they felt strongly that youth do not know much about the world outside of their current existence and that most adolescents feel graduating high school or obtaining a GED is the highest education available to them. There was talk about wanting kids to visit Oakland (where the campuses of the University of Pittsburgh and Carnegie Mellon are located) and broadening their horizons.

Additionally, neighborhood poverty is a predictor of early sexual activity for males and this has been explained by Wilson's (1987) deprivation theory wherein a lack of opportunities results in males seeking adult status through sexual conquest (Ramirez-Valles, et al. 2002). Similarly, Schlegel and Barry's (1991) conclusion that when girls are expected to act maturely

there is an increased likelihood that they will engage in mature acts. The connection is that for girls who view high school as an “end point” in the transition from adolescence to adult status, this transition occurs at a younger age than for adolescents who attend college. The impending adult roles and responsibilities encourages experimentation with “adult” activities—sex. An investigation into early motherhood among U.S. women living in poverty explains,

...for a disadvantaged woman, a sexual relationship often leads to conception, and the fact of the pregnancy defines the arc of her young adulthood. Unlike their wealthier sisters, who have the chance to go to college and embark on careers—attractive possibilities that provide motivation to put off having children—poor young women grab eagerly at the surest source of accomplishment within their reach: becoming a mother (Edin and Kefalas 2005):46).

Similarly, Ward (1995) and Luker (2005) discuss future oriented perspectives in relation to teenage pregnancy to focus on the perception of what options young women feel they are able to pursue (also referred to as the life opportunity cost framework; see (McBride Murry, et al. 2011)). Pregnancy and parenthood do not risk future aspirations if these are limited or compatible with motherhood (Edin and Kefalas 2005). For some, parenthood might establish a positive personal and social identity and signify adult status.

6.4 RELATIONSHIP EXPECTATIONS AND GENDER ROLES

Participants’ descriptions of gender roles and gendered relationship expectations depicted antagonistic ideologies and relations between the genders. This is consistent with an “oppositional gender strategy” proposed for adolescents in the U.S. (Schalet 2000) and the idea that girls ground relationships in the emotional which may lead to sex, whereas boys begin with the sexual and later develop the emotive (Thorne and Luria 1986). From an earlier quote, “dating and courtship...are processes in which each sex teaches the other what each wants and

expects. The exchange...does not always go smoothly” (Thorne and Luria 1986). Younger and older females who participated in this research explicitly and consistently expressed the importance of love in relationships. As noted in the review of the literature, males living in poverty have increased investment in displays and adherence to traditional masculinity (Ramirez-Valles, et al. 2002; Santana, et al. 2006), and this was confirmed with at least some of the youth involved in this research (e.g. competition among males over sexual success and the practice of “lurking”).

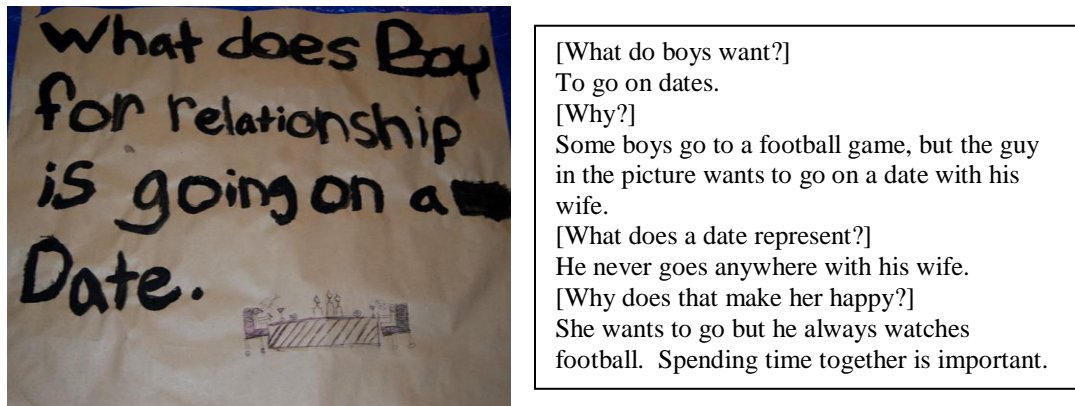
For boys growing up in poor families and communities, the male does not risk status or resources by having sex; in fact, status is gained. Across all demographic groups that participated in the research described here, there was an expectation that boys will be sexually active and inherently promiscuous. Sexual conquest is in line with a traditional masculine ideology which has been described for the U.S. (crosscutting age and race), and adherence is associated with low educational attainment (Santana, et al. 2006). Schlegel and Barry (1991) conclude that when social success for males is tied to sexual conquest there is extensive bragging among peers and investment in sexual contest. The research presented here found that sexual success contributed greatly to social status for some boys and did in fact result in a focus on competition between peers for female sex partners (“number of bodies”).

Unique to the younger boys was the rhetoric of protecting females whereas older adolescents focused on the belief that males should not put their hands on females. One mindset is violence in service of women; the other is violence against women. A CAB member explained why young boys speak about protection: “it has to do with surroundings; [females] want the bad, the strong.” The expectation among younger youth was for boys to provide material items and protection in a relationship. The combination of resources and

aggressiveness in early conceptions of relationships sheds light on thug appeal as discussed by older adolescents. As one 16 year old girl responded to what girls look for in boys, “thugs...yah, that’s the easiest question ever. Thugs, they want a thug, that’s what they want.” The following trajectories that place disadvantaged youth at risk for sexual health disparities are a cascade from this point: dating an older man with a reputation and resultant imbalance of power in the relationship, the need to continually maintain the masculinity associated with the thug reputation and the resultant control and degradation of the female. Even among the youngest cohort, females expressed dynamics of masculine superiority (females are annoying, and the need to maintain physical attractiveness for males). Throughout the research, participant discussions of relationship dynamics and negotiating sex highlighted male agency and female passivity. The findings of female self described inferiority are in line with previous research that documents girls’ beliefs that boys have greater sexual decision making power and wield greater power in relationships which may result in a constant state of “female fear” (McBride Murry, et al. 2011).

Young male adolescents described an idealized view of relationships (including love and marriage), and an emotional and responsible male role in relationships. In the words of a 12 year old boy, “A boy wants to be a perfect person for the girl, don’t want the girl to think they are mean or nasty. A boy does not want to mess up their relationship, want to keep it right, keep it straight.” Figure 35 demonstrates both a referencing of proximal adult relationships and male consideration. The graphic in the bottom corner is of a romantic dinner complete with candlelight and drinks, and the couple is expressing their love for each other. Older boys never mentioned marriage or love. Younger boys also discussed needing to take relationships slowly; there was a sequencing of events that usually culminated in marriage and children. It was important not to rush things or this will have negative consequences for the relationship.

Figure 35: What Boys Want (Boy, 11)



Reified and polarized gender ideologies combined with lack of opportunities and resources structure adolescents' formation of a social identity, and the corresponding development of romantic relationships and sexual decision making. Identity formation and increasing investment in extra familial ties is believed to be a normative part of American adolescence. However, what differentiates the experience for youth in this study were the constraints imposed by unequal relations of power and resources, the influence of which vary by age and gender.

6.5 ECONOMICIS, RESOURCES, AND POWER

Inequalities are conceived as social constructions situated in social contexts and structures beyond the individual—in societies, institutions, communities, and families—and are characterized as power, not simply resource, differences between dominate and subordinate groups (Weber 2006)

Family and neighborhood poverty contribute to the structuring of all factors discussed in relation to the conceptual model (Figure 1) and is most intimately implicated in conceptualizations of risk. Anthropological investigations have long identified material and social relations as constitutive of reproductive and kinship organization (Lévi-Strauss 1963; Mauss 1990). Moral and social sanctions restricting adolescent sexual activity are associated with societies in which

individuals and families have something to lose, be it property, money, titles, or social position (Schlegel and Barry 1991). When there are no resources to protect there is little to risk in having sex. Returning to a story told by an adult female helps illustrate these connections;

Adult Female: The moms I mean – they pretty much tell they daughters, “As long as he got money, go ahead on.” They don’t care about – This is another thing they believe, “Girl, forget... Don’t he take care of you? Forget about her. Let him have all the girls he want as long as he does for you.” So...dads, as far as their sons, it’s “Go on and do what you want, long as, you know – protect yourself.” That’s pretty much what the dads – ‘cause they know how the kid thing goes. Unless you got a good mother and father. They want to tell you, you know, to stay away from it; you’re not ready for it; don’t have sex; if the girls want to give it up then she’s easy, stay away from her.

KR: But with the dads who tell the boy, like, just strap up...?

Adult Female: Oh, yeah, they think, “My son got about five or six girls.” They think it’s something to brag about. The moms, too, about they sons ‘cause it’s all – It’s totally different for the sons, *totally*.

The primacy placed on being taken care of financially offsets issues of cheating and distrust and places the female at risk for STDs and unintended pregnancy due to an imbalance in power in the relationship. The different gender expectations and performances are explicitly and implicitly informed by parents and role models. Male position of greater power, both status and financial, results in male agency and female passivity enacted through female fear and condom coercion (McBride Murry, et al. 2011; Teitelman, et al. 2010). Adolescent females whose boyfriends were their primary source of spending money or had a car were more likely never to use condoms, experience abuse and forced sex, have higher rates of STDs, and use drugs or alcohol (Rosenbaum, et al. 2012). There is an implicit transaction negotiated through sex (Rosenbaum, et al. 2012). Additionally, as noted above, when males have limited alternative options for constructing a masculine identity greater emphasis is placed on, and status gained from, sexual

promiscuity. In a dialectic fashion, masculine subjectivity is created in reference to a female objectification.

There were four key elements comprising a good relationship: trust, respect, love, and money. Stories and aspirations for a relationship that contained all four qualities were restricted to media portrayals or idealized among the youngest participants in this research. As noted by Edin and Kefalas “the same forces eating away at the fabric of the neighborhood—drugs, crime, and violence—are at work in the intimate spaces of these romantic pairings” (2005:101). The reality for older adolescents was that relationships rarely consist of these qualities simultaneously and therefore, the presence of one or a few may be enough to offset the absence of others, and sustain the relationship. The dilution of personal and relationship expectations throughout adolescence results in alternative constructions of personal fulfillment and identity; and ultimately what is considered risk. As alluded to in the discussion above, the onset of risk is not with the act of sex but rather in the social relationships which precede coitus.

Young adolescents who participated in VV emphasized the material expectations in relationships: boys give girls presents, take them out, and give them money. It was a feature of both a good relationship and what girls want in relationships. However, where these resources would come from was never explicitly specified. For similar questions, the older adolescents stressed intangible characteristics such as trust and respect. For older youth, how one is treated in a relationship was emphasized more than the material aspects. It can only be speculated that as one gains experience with relationships the reality that material expectations cannot be met becomes apparent at the same time that conflict in gendered expectations/roles creates an immediate need for improved interpersonal relationship qualities.

Within the resource poor environment included in this study, young adolescents aspire to the American dream of love and marriage while at the same time groundwork is being laid that limits attainment of this dream. Young boys want to be the right man but have already recognized the need to protect those they love as a result of a pervasive sense of threat. Girls are looking to be loved and while they did not use the term protection, they are looking to be taken care of. Taking care for girls and being the right man for boys also encompassed economic aspects such as gift giving or going out. With limited educational and employment opportunities it is difficult to satisfactorily perform these roles and expectations. It is possible to transmute a male's role of protection into being a hard man or thug, with the corresponding access to or association with fast money. In turn, thugs are associated with multiple girlfriends and children.

6.6 YOUTH PERCEPTION OF RELATIONSHIP AND SEXUAL RISK

Medical and academic professionals typically define sexual risk-taking among adolescents as discrete behaviors: unprotected sex, having multiple sex partners, early sexual initiation, lack of contraceptive use. In contrast, the position forwarded here is that sexual risk taking as described by participants in this research study more accurately reflects an on-going positioning of self in dialogue with social and cultural expectations of what the self can/should be. As described by Lightfoot,

The object-self leans into the future as hypothesis, as exteriorizations of desire and yearning, as the imagination of something that may become truth. It pulls forward in its wake its own interlocutor, the subject-self; the known, actual, taken for granted, and true self (1997: 158).

What is defined as risk is culturally and contextually variable. While for some adolescents engaging in sex or sex acts may constitute risk in and of itself, that was not necessarily the case for adolescents in this investigation. Risks from sex are a social construction as well as a matter

of health. Following the assertion that risk constitutes social relations in addition to biological harm, policies and interventions aimed solely at the medical (e.g. sex education or access to birth control) will only partially address risk.

For some boys, having sex entailed absolutely no risk (“we good”) while girls tended to acknowledge risks such as “catching” something or pregnancy. Girls’ understanding of the medical risks did not guarantee that they would adopt measures to prevent negative outcomes as the riskier gamble was the relationship itself. Girls take risks in the belief that “he” will be the one who will protect and take care of her. However at this point she risks being reduced to an object, a conquest. For male adolescents, the risks involve an affirmation or an affront to masculinity, which is a public, social creation. For her, the risks involve trusting and loving someone, becoming vulnerable. Following Lightfoot (1997), adolescent risk-taking is proto-aesthetic, and it is a normal adolescent behavior that helps to create (imagine) identity and social relations. It is the creation of a possible version of self. However, risk as investigated by Lightfoot (1997) described middle class youth risk-taking and reflected “acceptable” risk taking behaviors (e.g. drinking). More serious forms of risk taking, such as unprotected sex and drug use, were not common in Lightfoot’s study reflecting the cultural variability of normative risk.

The perspective forwarded here is that while sex itself may be perceived as carrying little risk for males, demonstrating one’s manhood is a vulnerable activity. There are alternative avenues for creating positive social identities for boys such as academic success, future goals and careers, or participation in sports. However, for other boys, fewer opportunities exist, resulting in the creation and reinforcement of a masculine identity through sexual conquest—as one girl interviewed stated “how many girls they can get and how many bodies they have.” For girls, while there might be concerns about STIs and pregnancy, the giving of self in sex is an act that

proves one's love. It is a giving over to another that risks one's "heart." The differing construction of risk by gender mirrors the description of "fateful moments" for adolescents ages 14-17 in Ireland (O'Connor 2006). O'Connor describes prominent themes in boys' and girls' self description of important events in their lives. Girls described situations of social connection through transcendental experience (e.g. social support and response from theater performance), and boys described experiences of male collectives that reinforce masculinity (e.g. soccer matches). One is about intimacy and personal fulfillment, the other about reinforcement of a personal identity in reference to group belonging. As noted by O'Connor, for young men "the implication is that identification in a context that affirmed a gendered identity is 'enough': confirmation of that identity being so important that it is a source of contentment, even if the outcome involves failure or defeat" (2006:113). Male adolescents may fail at "being the right man" or at being an involved father, but masculinity is reinforced in the conquest and achievement of fatherhood.

It is during adolescence that these dynamics are most at play (explicit) because it is it is a time of independent identity formation, contemplating one's position in relation to society, and striving toward adult status. O'Connor notes

In a late modern society, the creation of identity is seen as 'a task, a mission, a responsibility', 'an overwhelming concern', a 'subjective challenge and an individual conquest' (Bauman 1997:71; Sennett 1977:219), with the self becoming 'an object of attention and sometimes anguished scrutiny (Berger et al 1974: 75; see also Beck 1992, Giddens 1991). Adolescence is the stage par excellence... (2006:114).

For many, it is also the time of first and foundational relationship experiences. There is a reflexive and subjective engagement with relationships, activities, and creative possibilities with an eye towards the self in development or an answer to "who am I?"

It is useful to integrate Lightfoot's (1997) conceptualization of adolescent risk with the general patterning of adolescent social integration as outlined by Schlegel and Barry (1991) from cross-cultural comparisons. Schlegel and Barry's model depicts adolescents as simultaneously connected to family and kin groups as well as peer and adult networks. However, the relative importance and inclusion of these social ties vary by gender. Adolescent girls are more fully incorporated into both family and adult female social worlds, while adolescent males expend greater time and energy in peer group relations. During the process of development of self as adult, while both genders are valued for displays of hard work, boys are also evaluated for physical attributes and girls for sexual attractiveness (Schlegel and Barry 1991).

Due to the conflicting perceptions of risk, current public health messages addressing risky sex behaviors will be meaningless to a sub-group of boys who do not perceive these behaviors as risky and ineffectual for girls who do perceive the risks involved but engage in these behaviors regardless. A foundational shift is warranted in how we understand adolescent sexual behavior, and that is by paying attention to the meanings created for adolescents by these experiences. Perceived benefits from participation in risk-taking may include establishing or intensifying interpersonal relationships, performance of gender, developing recognition as an adult, and protection. Social and cultural contexts matter in that exposures and peer norms influence the relative perceptions of what constitutes risk and risk-taking behavior: what is considered normative adolescent risk versus destructive risk (Lightfoot 1997).

7.0 CHAPTER 7: IMPLICATIONS AND FUTURE WORK

7.1 SOCIAL DETERMINANTS OF HEALTH

There is growing recognition of the need to broaden public health initiatives from individual level attitudes and behavioral change to incorporate how social and environmental context impacts health and creates health disparities (Averett, et al. 2002; Bauermeister, et al. 2011; Braveman, et al. 2011; Brooks-Gunn, et al. 1997; Hogben and Leichter 2008; McBride Murry, et al. 2011; Mullings 2005). The WHO states,

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries (World Health Organization 2013).

The pathways through which structural inequalities affect health include social and physical disorganization (e.g. high crime, violence, lack of parks), discrimination, poor living conditions, epidemiological exposures (e.g. toxins, high prevalence of STDs), reduced access to health care services and healthy foods, disrupted social network, stress, lack of employment opportunities, substandard education, family instability, and lack of parental monitoring due to burdens on parents' time (Bauermeister, et al. 2011; Hogben and Leichter 2008; McBride Murry, et al. 2011; Mullings 2005).

An analysis of the social determinants of health for adolescents across countries found that national wealth and income inequality are associated with adolescent health

outcomes; poorer countries and countries with greater income inequality had poorer adolescent health outcomes (Viner, et al. 2012). Viner et al. link these structural features to health outcomes through employment and participation in education, both of which frame opportunities; “nations present young people with structures of opportunities as they grow” (2012:1643). At the proximal level, the concept of “connectedness” has been found to improve adolescent health across social groups: connectedness to schools, families, and neighborhoods (e.g. collective efficacy, civic engagement) (Viner, et al. 2012). Connectedness also includes peers although it is noted that peers can have a protective or negative influence.

The findings that inequalities affect health are consistent with investigations of uneven teenage birthrates in the U.S. and across countries. The researchers found that calculations of income inequality help explain geographical variations in birth rates among low socioeconomic status adolescents (Kearney and Levine 2011). Kearney and Levine (2011) operationalize income inequality through the concept of “despair;” when a young person living in poverty does not see the possibility for upward mobility they engage in “drop out” behavior or a refusal to participate in mobility endeavors as defined by upper socioeconomic classes.

Recognizing the entire spectrum of influences on health, from structural to proximal to individual, requires that interventions and policy initiatives aimed at improving health encompass all these levels. Viner et al. specify a three tier recommendation: “improve the daily conditions of life,” “tackle the inequitable distribution of power, money, and resources,” and “measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in social determinants of

health, and raise public awareness” (2012:1649-50). Dimensions of these three recommendations can be seen in Schalet’s (2011) “New Paradigm for Adolescent Sexual Health” discussed next.

7.2 PROGRAM AND POLICY IMPLICATIONS

Interviewer: In school when they give you sex ed when does that start? ...

Boy: I did it when I was in fourth. I think it was fourth to sixth.

Interviewer: Fourth to sixth. What do they talk about?

Boy: I wasn’t paying attention (Boy, 15).

Schalet outlines two dominant paradigms of adolescent sexual health in the U.S.; the first is abstinence until heterosexual marriage and the second is risk prevention (Schalet 2011). Both discourses focus on the adolescent as an autonomous individual and fail to take into account social determinants of health. She forwards an alternative paradigm referred to as “ABC-and-D” (Schalet 2011). This acronym represents Autonomy of the sexual self, Building good romantic relationships, Connectedness with parents and other caregivers, recognizing Diversities, and removing Disparities. Present are considerations of the individual, proximal and structural factors with attention to inequalities within relationships, as experienced by diversity, and reinforced by social policies and institutions. The importance of connectedness as discussed by Viner et al. (2012) is incorporated although it should be broadened to include peers, neighborhoods, social and civic organizations, and schools. Additionally, Schalet (2011) describes how disparities impact access to and quality of services, education, and employment.

Her ABC-and-D proposal is informed by her research comparing adolescent sexuality in the U.S. and the Netherlands reflecting varying social, cultural, and political conditions (Schalet 2010). The different attitudes and outcomes of adolescent sexuality in the Netherlands and United States is partially explained by varying levels of religious adherence and economic

security (Schalet 2010). There is an indirect relationship between religiosity and attitudes towards adolescent sexuality. Furthermore, the Netherlands guarantees certain rights such as housing, health care, and minimum income that are not available in the U.S. The lack of social and economic safety nets in the U.S. fosters earlier entrance into parenthood among those most disadvantaged. Additionally, parental culture in the U.S. tends to emphasize “control” over one’s children and household (“not in my house”) while parents in the Netherlands partner with their adolescents towards developing a level of maturity and responsibility to make their own sexual decisions. Additionally, gender interactions are constructed as antagonistic in the U.S. and cooperative in the Netherlands. These differences point to what we could be doing in the U.S. to promote better relationship and sexual health outcomes for adolescents: a greater array of opportunities, recognition and respect of advancing maturity rather than confinement to dependent status, and promoting reciprocity between genders.

Several things need to occur in order to begin the process of addressing youth sexual health disparities: first, understand the world view of recipients of public health and educational messages so that messages of “risk” can expand upon current conceptualizations and are relevant and actionable; second, provide opportunity for personal fulfillment with active participation in the structuring of a possible future; and third, guarantee access to developmentally appropriate sex education and health services. Edin and Kefalas (2005) assert that the poor young mothers with whom they talked did not see early motherhood as derailing future successes, but instead they credit motherhood with what was positive in their lives. Additionally, Edin and Kefalas note that in the US, the connections drawn between poverty, single parenting, and child welfare have been interpreted as caused by the breakdown of family and marriage. Within this framing, poverty becomes a dependent rather than independent variable.

This research found marked differences in conceptualizations of relationships between ages and genders as well as differences in perceptions of sexual health risk by gender among the older adolescents. Furthermore, this research supports the idea that relationship and sexual health programs should begin at earlier ages, before high school. It was pointed out by parents and community members that kids in these neighborhoods do not know what characteristics make for a positive/healthy relationship; therefore interventions targeting relationships would be appropriate and relevant for middle school age youth. A question posed at a CAB meeting about how to work to increase girls' self-esteem was immediately countered with the belief that we need to work to increase the self-esteem of boys. In another CAB meeting a member asked, "how do we keep the boys hopes still alive as they encounter all the negative?" Gender assumptions need to be challenged, such as intervening on behalf of girls while leaving boys to figure things out. It is important to help girls achieve fulfilling lives but it is also important to address the issues that boys face. A program to alter dating violence attitudes and norms with male athletes in high school, "Coaching Boys Into Men" works with existing male networks (Miller, et al. 2012). Additionally, the "Start Strong" program, implemented in 11 communities across the U.S., is working with youths in middle school to promote healthy relationships (Futures Without Violence 2013).

Another assumption that needs to be challenged is the belief that early adolescents are un-reflexive and without critical thoughts on such domains as relationships and sex. As one VV participant commented about participation, "It was fun and we got to express how we felt about relationships. And we got to be honest without someone else having to disagree." Not only were they able to provide insight into relationship dynamics but, when prompted, they expressed ideas about what a positive relationship program should include; these will be described next.

7.2.1 YCB: Young Children Program

A review of “What Works for Adolescent Reproductive Health” (Ball, et al. 2008) states

[I]t seems the ideal reproductive health program is one that understands the realities and needs of its participants. The success that several programs have had with at-risk populations provides evidence that tailoring program content for specific communities can reap rewards [3].

With this in mind, the second VV group was asked to give advice to boys and girls about relationships and to design a relationship program for kids their age. This was an attempt to bridge the gap between research and practice. Literature discusses the need for youth programs to be developmentally appropriate, tailored, and relevant; so what would such a program encompass from the perspective of the participants? There were several common ideas and included providing concrete examples for good and bad relationships. The program should be interactive, for example acting out scenarios and then deciding if it is a good or bad relationship, watching movies followed by a discussion, games, and writing and drawing about relationships (see Figure 36). Youth were very interested in talking about relationships with someone famous; specifically the boys wanted a sports figure to come and talk with them.

Figure 36: Topics (Boy, 13)

- The Topics you can use Is
- Printing.
 - Drawing.
 - Writing.
 - Being able to get on web sites about good and bad ~~the~~ relationships.
 - Seeing what good and bad relationships are all about.

One boy was very detailed in his plans for a relationship program specifying the order of activities, parental involvement, gender segregated sessions, role model presenters, and food and transportation (Figure 37).

Figure 37: YCP (Bo,y 11)

Name: YCP (Young Children Program)

The Y.C.P. should have a 30 minute session about good and bad things about realationships. After that speech and or session there should be an activity.

- drawing
- writing
- watch a movie about realationships.

While being there you should try to have the parents interact in this program. Each child should be atleast provided snacks, or lunch. And before leaving a famous person should come to have a talk with us. There should be a girl famous person and a famous boy seperately talking to us.

This program should be open Fridays + Saturdays. Fridays the girls should come from 11:30-1:00 p.m. and Saturdays the boys should come from 11:30-1:00 p.m. If mothers don't have transportation, you should provide a van to fit everyone in it.

Importantly, advice for girls involved empowerment while advice for boys involved not hitting girls.

The preceding recommendations are all consistent with those proposed by Edin and Kefalas

Poor young women and men need some sense of what constitutes a healthy relationship to understand what it can reasonably withstand and what it cannot, and to learn what helps couples who want to stay together and even someday marry. So some form of relationship-skills training is needed, though it must impart far more than mere speaker-listener techniques (2005:218).

However, skills alone will not make a relationship or marriage work if, in addition to other sets of stressors, economic insecurity is added. Access to jobs that provide livable wages is paramount for both men and women. A practical next step would be to begin tracking adolescent sexual health information by socioeconomic status as a way to better understand the role of poverty for risk-taking.

In addition to programs for younger adolescents promoting positive relationships and a wider array of future opportunities, the literature on risk suggests further avenues for helping break the cycle of disparities. Recent neuroscience research counters current understandings of the adolescent brain (Teslovich, et al. n.d.). For the last decade, “deficits” of the adolescent brain led to the conclusion that adolescents were impulsive, made poor choices and promoted risk taking; adolescents have traditionally been characterized as a speeding car with no steering wheel and no brake (Hamilton 2012). New research shows that the pleasure centers of the brain are more active for adolescents than adults, but adolescents spend more time and use more areas of the brain than adults when making decisions; adolescents can make good choices. One suggestion is a refocus from punishment for negative behavior to rewards for good behavior.

The difference between mimetic and carnivalesque risk as well as the flow of economic and (sub)cultural capital intrinsic to voluntary risk-taking (Morrissey 2008) suggests that adolescents need to be allowed exposure to mimetic risk-taking that develops risk management skills. Acceptable status conferring risk varies not only by cultural group but also by gender. Therefore the choice and structuring of positive risk activities would be group specific. Potential avenues could include physical endurance (e.g. dance, sports), performance (e.g. theater, music), and leadership (e.g. civic engagement, volunteering). Lightfoot describes this line of thinking as “functional equivalence,” substituting safe risk for dangerous risk (1997:166). However, she argues we cannot provide “safe risk” per se but only the opportunity for experience that will be given meaning by the participant and through social relations. There is no one-size-fits-all solution but key components include risk and corresponding pleasure/benefit as related to inclusion and power within social networks.

The intervention suggestions presented here—relationship programs with younger adolescents, greater opportunities for personal fulfillment, access to sexual health information and services, and the promotion of risk management skills—involve stakeholders across the ecological spectrum. This includes input from adolescents, their families, teachers and schools, after-school and program providers, law enforcement, medical professionals, government, media sources, funding agents, and academics. Location, composition, messaging, and duration are all aspects that may be tailored to meet community needs with the ultimate goal of pursuing the three objectives in order to reduce sexual health disparities. The implications of the findings of this research are the need to augment a biomedical framing of adolescent sexual health risk with risk as perceived by adolescents, a consideration of the entire social world of the adolescent in relation to reducing “risk,” targeted age and gender appropriate messages and interventions, and initiating critical dialogue before the specific act of having sex to incorporate the ongoing negotiation of power in relationships.

7.3 RESEARCH LIMITATIONS AND FUTURE RESEARCH

The research presented in this dissertation was exploratory and conducted with a small sample. While differences based on age and gender were explored, the sample was more similar than not as all participants came from resource-poor communities. A next step would be to conduct the same research with adolescents from higher socio-economic status and/or within a community with economic plurality. How is risk perception constructed differently based on future-oriented perspectives? Is perception of risk more closely aligned with medical and public health conceptualizations? Are parent and peer influences similar as economic status varies? Does

perception of risk vary by age and gender and in what ways is this similar or different? What media sources are influential and how are relationships and sex portrayed?

A further limitation of my investigation was that sexual risk was investigated to the exclusion of how sexual risk relates to other aspects of risk-taking activities such as violence, drug use, and school disengagement. Future research should incorporate a broader conceptualization of risk to better understand connections between risk activities. In a related manner, my research did not explore emic protective factors for avoiding risk nor an understanding of how adolescents distinguish “good” risk from “bad” risk.

This dissertation posits risk as subjective, symbolic, and social. The use of qualitative methods in future research would help to inform on the meaning making and interactionist dimensions of risk taking. Suggestions for future research using qualitative methods include utilizing both Visual Voices and interviews with all cohorts. Additionally, future research should include adult caregivers, inclusive of adult males, in order to make comparisons across generations on conceptions of gender roles and expectations related to relationships and sexuality. Lastly, a longitudinal study would help to better understand the noted differences between younger male adolescents and older male adolescents: what are the trajectories of these changes and how are they mediated and moderated?

APPENDIX A

CASE BOOK

Cases	Age	Gender
1 : Cases\Adult interview 1 6_17_10	37	Female
2 : Cases\Adult interview 2 7_2_10	38	Female
3 : Cases\Adult interview 3 7_10_10	Unassigned	Female
4 : Cases\Adult interview 4 7_20_10	Unassigned	Female
5 : Cases\Boy interview 1 6_19_10	15	Male
6 : Cases\Boy interview 2 7_1_10	15	Male
7 : Cases\Boy interview 3 7_1_10	15	Male
8 : Cases\Boy interview 4 7_17_10	14	Male
9 : Cases\Boy interview 5 4_21_11	15	Male
10 : Cases\Boy interview 6 4_21_11	16	Male
11 : Cases\Boy interview 7 5_5_11	16	Male
12 : Cases\Boy interview 8 5_5_11	14	Male
13 : Cases\Girl interview 1 6_19_10	16	Female
14 : Cases\Girl interview 2 7_1_10	17	Female
15 : Cases\Girl interview 3 7_1_10	15	Female
16 : Cases\Girl interview 4 7_1_10	14	Female
17 : Cases\Girl interview 5 5_5_11	16	Female
18 : Cases\VV participant 1	11	Female
19 : Cases\VV participant 10	12	Female
20 : Cases\VV participant 10b	11	Male
21 : Cases\VV participant 1b	10	Female
22 : Cases\VV participant 2	13	Female
23 : Cases\VV participant 2b	10	Female
24 : Cases\VV participant 3	10	Male
25 : Cases\VV participant 3b	11	Male
26 : Cases\VV participant 4	12	Male
27 : Cases\VV participant 4b	11	Male
28 : Cases\VV participant 5	11	Male
29 : Cases\VV participant 5b	13	Male
30 : Cases\VV participant 6	12	Female
31 : Cases\VV participant 6b	11	Male
32 : Cases\VV participant 7	12	Male
33 : Cases\VV participant 7b	10	Male
34 : Cases\VV participant 8	11	Male
35 : Cases\VV participant 8b	10	Male
36 : Cases\VV participant 9	12	Female
37 : Cases\VV participant 9b	10	Male

APPENDIX B

SEMI-STRUCTURED INTERVIEW GUIDE—TEENS

Youth Sexual Health and Positive Relationships Community Pilot Project

Burke/Kelly

These are potential questions which are not order dependent. All questions may be followed by probes to solicit more information such as: could you explain, tell me more, like how, could you give me an example, etc.

Interview Field Guide—Teens

We are interested in learning more about what dating is like for you and your friends. We are not even sure what the right words are to describe different types of relationships so we want you to teach us. We do not want for you to share anything personal or private, so we just want to ask about what dating is like in general for kids your age.

Relationships:

- 1) So, are there different types of relationships between boys and girls when it is more than “just friends?” [Probe: in the range from casual to committed]
 - a. When the relationship is [type of relationship], what do the boy and the girl do together?
- 2) Do boys want the same things in the relationship as the girls?
- 3) What do boys look for in girlfriends?
- 4) What do girls look for in boyfriends?
- 5) Do parents talk with their children about things related to dating/relationships?
- 6) Do kids talk to their parents about relationships?
- 7) Who do kids talk to about relationships?
- 8) What are things that make for a good relationship?

- 9) What are things that make for a bad relationship?
- 10) How is dating today similar to when your parents were growing up?
- 11) How is dating today different from when your parents were growing up?

Evolution to being sexually active in a relationship:

- 1) What is “being sexually active?” [probe on different acts]
- 2) So when/where does having sex ‘fit’?
- 3) How do friends influence decisions about having sex (good or bad)?
- 4) How do parents influence decisions about having sex (good or bad)?
- 5) How do you think parents would react if they found out their child(ren) were having sex?
- 6) Do you think kids feel comfortable saying “no” if someone wants them to do something they are not comfortable with?
- 7) What are some of the messages that kids receive (from media, friends, family, and teachers) about having sex?
- 8) What messages would be good for kids to receive about being sexually active?

Sexual health:

- 1) Do parents talk with their children about sex?
- 2) Do kids talk to their parents about sex?
- 3) Who else do kids talk to about sex?
- 4) In addition to talking with people, where else do kids get information about sex?
- 5) In general, what are kids your age concerned about when it comes to sex and having sex?
 - a. What STDs have you and your friends heard about?
 - b. Where would someone go if they thought they had an STD?
 - c. What types of birth control have you and your friends heard about?
 - d. What types of things make it hard to use BC?

- e. What types of things make it easy to use BC?
 - f. Where would someone get BC?
- 6) What would it be like for one of your friends if they found out they were going to have a baby?
- a. How would their friends react?
 - b. How would their parents react?
 - c. Who would take care of the baby? [probe for who else]
 - d. What are the mother's responsibilities in raising the baby?
 - e. What are the father's responsibilities in raising the baby?

Conclusion:

- 1) Where do you see yourself in five years? In 10 years?
- 2) Is there anything about relationships that we did not ask but you feel we should know about?
- 3) Is there anything about sexual health that we did not ask but you feel we should know about?

APPENDIX C

QUESTIONS EXPLORED WITH ADULTS

Youth Sexual Health and Positive Relationships Community Pilot Project Burke/Kelly

These are potential questions which are not order dependent. All questions may be followed by probes to solicit more information such as: could you explain, tell me more, like how, could you give me an example, etc.

Interview Field Guide—Parents

We are interested in learning more about what dating was like when you were growing up and what it is like for kids today. We do not want for you to share anything personal or private, so we just want to ask about what dating is like in general when you were young and for kids today.

Relationships: [ASK ? TWICE—HISTORY & PRESENT]

- 12) So, **were**/are there different types of relationships between boys and girls when it **was**/is more than “just friends?” [Probe: in the range from casual to committed]
 - a. When the relationship **was**/is [type of relationship], what **did**/do the boy and the girl do together?
- 13) **Did**/Do boys want the same things in the relationship as the girls?
- 14) What **did**/do boys look for in girlfriends?
- 15) What **did**/do girls look for in boyfriends?
- 16) How is dating today similar to when you were growing up?
- 17) How is dating today different from when you were growing up?
- 18) **Did**/Do parents talk with their children about things related to dating/relationships?
- 19) **Did**/Do kids talk with their parents about relationships?

- 20) Who **did**/do kids talk to about relationships?
- 21) What are things that **made**/make for a good relationship?
- 22) What are things that **made**/make for a bad relationship?

Evolution to being sexually active in a relationship:

- 9) What is “being sexually active?” [probe on different acts]
- 10) So when/where does having sex ‘fit’?
- 11) How do friends influence decisions about having sex (good or bad)?
- 12) How do parents influence decisions about having sex (good or bad)?
- 13) How do you think parents would react if they found out their child(ren) were having sex?
- 14) Do you think kids feel comfortable saying “no” if someone wants them to do something they are not comfortable with?
- 15) What are some of the messages that kids receive (from media, friends, family, and teachers) about having sex?
- 16) What messages would be good for kids to receive about being sexually active?

Sexual health:

- 7) Do parents talk with their children about sex?
- 8) Do kids talk to their parents about sex?
- 9) Who else do kids talk to about sex?
- 10) In addition to talking with people, where else do kids get information about sex?
- 11) In general, what are kids concerned about when it comes to sex and having sex?
 - a. Do kids know about STDs and how to prevent them?
 - b. Where [who] would a kid go if they thought they had an STD?
 - c. Do kids know about birth control?
 - d. Which types of BC?

- e. What types of things make it hard to use BC?
 - f. What types of things make it easy to use BC?
 - g. Where would a kid get BC?
- 12) What would it be like for a teen if they found out they were going to have a baby?
- a. How would their friends react?
 - b. How would their parents react?
 - c. Who would take care of the baby? [probe for who else]
 - d. What are the mother's responsibilities in raising the baby?
 - e. What are the father's responsibilities in raising the baby?
- 13) How do parents find out what is going on with their kids?

Conclusion:

- 4) Where do you see yourself in five years? In 10 years?
- 5) Is there anything about relationships that we did not ask but you feel we should know about?
- 6) Is there anything about sexual health that we did not ask but you feel we should know about?

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